

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

Applicability. Form HUD-50075-5Y is to be completed once every 5 PHA fiscal years by all PHAs.

A.	PHA Information.																																				
A.1	<p>PHA Name: <u>Gallia Metropolitan Housing Authority</u> PHA Code: <u>OH047</u></p> <p>PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>01/01/2020</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> 5-Year Plan Submission <input type="checkbox"/> Revised 5-Year Plan Submission</p> <p>Availability of Information. In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information on 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 websites. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <p>Plan available at: The Plan and the supporting documentation may be obtained at the PHA'S administrative office at 381 Buck Ridge Road, Bidwell, OH 45614 or online at galliamha.org</p> <p><input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)</p> <table border="1" data-bbox="214 1304 1421 1911"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) in the Consortia</th> <th rowspan="2">Program(s) not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program		PH	HCV	Lead PHA:																							
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B.	5-Year Plan. Required for all PHAs completing this form.
B.1	<p>Mission. State the PHA's mission for serving the needs of low- income, very low- income, and extremely low- income families in the PHA's jurisdiction for the next five years.</p> <p>It is the mission to promote adequate and affordable housing, economic opportunity, and an environ free from discrimination. It is also the mission of the PHA to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offences covered by VAWA, to the degree we are able.</p>
B.2	<p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low- income, very low- income, and extremely low- income families for the next five years.</p> <p>Please see Attachment A</p>
B.3	<p>Progress Report. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>Please refer to Attachment B</p>
B.4	<p>Violence Against Women Act (VAWA) Goals. Provide a statement of the PHA's goals, activities objectives, policies, or programs that will enable the PHA to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking.</p> <p>GMHA's Board of Commissioners enacted a VAWA policy November, 2017.</p>
B.5	<p>Significant Amendment or Modification. Provide a statement on the criteria used for determining a significant amendment or modification to the 5-Year Plan.</p> <p>A <input checked="" type="checkbox"/> significant amendment or modification <input type="checkbox"/> to its 5-Year plan and/or Annual Plan is a change in policy that significantly and materially alters GMHA's stated mission, goals, objectives and activities as stated in the Plan unless they are adopted to reflect changes in HUD regulations or requirements.</p>
B.6	<p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) provide comments to the 5-Year PHA Plan? Y N <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, comments must be submitted by the PHA as an attachment to the 5-Year PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p>
B.7	<p>Certification by State or Local Officials. Form HUD 50077-SL <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i> , must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>



GALLIA METROPOLITAN HOUSING AUTHORITY

David C. Evans
Chairman

Andrew A. Kott
Executive Director

Residents of Gallia County at or below the poverty line is 20.9% -Median income for Gallia County is \$42,002.

-There are an estimated 13,892 housing units in Gallia County, with a population of 29,979 as of July1, 2018.

Due to the low availability of housing stock, coupled with one of the highest levels of individuals living at or below the poverty level of 20.9% in the state. Housing in Gallia County is not affordable, as well as difficult to come by. GMHA provides 140 units for Gallia County residents.

For many Gallia County residents the supply, quality, affordability, accessibility, location, and unit size make finding a home out of reach

Attachment "A"

Attachment A

Goal # 1 Continue to attain designation of a High Performer.

Objective # 1 Using sound policies and methods increase various elements of PHA'S score. The score earned in 2015 was 90 and to this point in 2019 REAC inspection has not been scheduled.

Goal # 2 Continue to attract more employed families by accomplishing as many of the objectives below.

Objective # 1 Continue to provide increased security of public housing residents and curb criminal activity especially at Gallia Metropolitan Estates. Continue to utilize third-party contracted tenant screenings. PHA will continue to contract with Gallia County Sheriff Department to provide enhanced law-enforcement. Maintain relationships with other law-enforcement agencies.

Continue to aggressively enforce the amended trespass policy and the eviction policy as it pertains to drug activity. Maintain and update security cameras at all PHA properties.

Objective # 2 Continue to improve curb appeal at all PHA properties by tenant education, trash pickup, proper storage of children's bikes and toys, as well as a focus on tenant patios.

Objective # 3 Achieve and maintain 99% occupancy rate by monitoring empty units and contracting out unit turns if needed.

Goal # 3 Promote resident self sufficiency.

Objective #1 The onsite Adult Basis Literacy Education Program through the Buckeye Hills Center has been eliminated due to lack of resident participation, however staff will provide interested residents with information on the program.

Objective #2 Continue to educate residents on Section 3 opportunities. Promote Section 3 businesses in Gallia County. The PHA promotes Section 3 at every opportunity.

Objective #3 Work with Integrated Services on connecting residents in need of services.

Objective #4 In addition to aggressively fighting drug trafficking, assist residents with how to obtain treatment opportunities for PHA residents.

Goal # 4 Ensure opportunity and affirmatively further fair housing.

Objective # 1 Continue to undertake measures to ensure access to affordable housing regardless of race, religion, national origin, sex, familial status, or disability.

Objective # 2 Continue to undertake measures to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status, or disability.

Objective # 3 Continue with the funding for measures to ensure accessible housing to persons with disabilities regardless of required unit size.

Attachment

“B”

Attachment B:

Revised Plan Elements

The PHA put into effect a no smoking policy in 2018.

Operations and Management: Les Young is retiring from the Executive Director position on July 31, 2019. Andrew Kott was hired by the Board as his replacement; he will assume the Executive Director position August 1, 2019

The Violence Against Women Act (VAWA) was put into effect by the PHA in 2017.

Gallia Metropolitan Housing Authority
Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Public Housing and Section 8 Rental Assistance Programs** are 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 the **Public Housing or Section 8 Rental Assistance Programs**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the **Public Housing or Section 8 Rental Assistance Programs**, you may not be denied assistance, terminated from participation, or be evicted from

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

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

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 the **Public Housing or Section 8 Rental Assistance Programs** 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

Your housing provider (**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 the **Cleveland 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 **Gallia Metropolitan Housing Authority at 740-446-0251 or galliamha.org for contact information.**

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 **the Gallia County Victims Advocate Office at 740-446-7933 or email at sgrady@gallipoliscity.com.**

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 **the Gallia County Sheriff's Office at 740-446-1221.**

Victims of stalking seeking help may contact **the Gallia County Victims Advocate Office.**

Attachment: Certification form HUD-5382

Gallia Metropolitan Housing Authority

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

Gallia Metropolitan Housing Authority (acronym GMHA for purposes of this plan) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ GMHA allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of GMHA to honor such requests 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 GMHA 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

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

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

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 Section 8 Rental Assistance Programs** are in compliance with VAWA.

Eligibility for Emergency Transfers

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

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

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

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify GMHA's management office and submit a written request for a transfer to another unit. GMHA 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 GMHA'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

GMHA will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives GMHA written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about GMHA'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

GMHA cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. GMHA 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. GMHA may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If GMHA has no safe and available units for which a tenant who needs an emergency is eligible, GMHA 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, GMHA will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

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

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

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

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

Gallia Metropolitan Housing Authority (GMHA)
Smoke-free Housing Policy
Effective July 30, 2018

In accordance with HUD regulations, Gallia Metropolitan Housing Authority (GMHA) will adopt the following smoke-free policies effective July 30, 2018.

Due to the increased risk of fire, increased maintenance costs, and the known health effects of secondhand smoke, smoking is prohibited at all GMHA properties which include Gallia Met Estates, Rio Grande Estates, and the single family homes located on Neil Ave. Gallipolis, OH. Prohibited areas include all living units and interior areas, including but not limited to hallways, rental and administrative offices, community rooms, laundry rooms, maintenance shops, garages, and similar structures. Smoking is also prohibited in outdoor areas within 25 feet from public housing and administrative office buildings.

This policy applies to all employees, residents, household members, guests, and service persons. Residents are responsible for ensuring that household members and guests comply with this rule.

The term “smoking” means any inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, or other prohibited tobacco product in any manner or any form. Prohibited tobacco products include water pipes or hookahs.

Violation of the smoke-free policy constitutes a violation of the terms of the public housing lease. Consequences of lease violations include termination of tenancy.

PHA POLICIES

Definitions:

1. “Smoking” means inhaling, exhaling, breathing, or burning any lighted or heated tobacco product/plant or similar product. Prohibited tobacco products include water pipes or hookahs.
2. “GMHA Properties” means Gallia Metropolitan Estates, Rio Grande Estates, and 47, 51, 53, and 54 Neil Ave., Gallipolis, Oh.
3. “Resident” means living in, or staying in any GMHA property.
4. “Employee” means manager, owner, representative, GMHA employees, vendors, contractors, and Commissioners.
5. “Outside areas” means entryways, doorways, windows, porches, patios, parking lots, carports, lawns, driveways, stairways, and sidewalks.
6. “Common areas” means laundry rooms, hallways, basements, garages, community restrooms, community buildings and rooms, playgrounds, sports courts, recreation areas, reception areas, lobbies, and all other areas designated as property of GMHA.

Rules and Regulations:

All residents, visitors, guests, applicants, and employees must comply with the following rules and regulations.

1. Smoking shall not be permitted inside any dwelling unit including entryways/ doorways, windows, porches, and all other areas within and attached to the unit as property of GMHA.
2. Smoking shall not be permitted inside any GMHA buildings including hallways, stairways, porches, lobby areas, reception areas, recreation areas, community buildings and rooms, basements, windows and all other areas within and attached to the building as property of GMHA.
3. Smoking shall not be permitted on any outside area of GMHA property grounds including entryways, doorways, windows, porches, patios, trails, parking lots, lawns, driveways, stairways, sidewalks, and motor vehicles within 25ft. of any building on GMHA property.

Effective Date

The smoke-free policy will be effective for all residents, household members, employees, guests, and service persons on JULY 30, 2018.

Effect of Breach and Right to Terminate Lease

A breach of GMHA's Smoke-Free Housing Policy shall be considered a material breach of the resident's Lease Agreement and grounds for termination of the Lease by GMHA. Resident acknowledges that GMHA may terminate the Lease agreement if the Resident, a member of the Resident's household, or any guest under the Resident's control in any way violates or breaches the Smoke-Free Policy.

Enforcement

Violations of GMHA's Smoke-Free Policy will be considered a breach of the Lease agreement and may be grounds for an eviction action. Enforcement progression is based on violations per household, not per tenant and is subject to GMHA's grievance procedure. GMHA will utilize the following enforcement progression:

- **1st Violation:** A written warning will be issued and be mailed or personally delivered and referral to smoking cessation services thru the Gallia County Health Department.
- **2nd Violation:** Meeting with Public Housing Manager. Residents will be issued a Last Chance Agreement. Referral to smoking cessation services thru the Gallia County Health Department.
- **3rd Violation:** Legal action for termination of tenancy.

Acknowledgement:

I/We, the undersigned, residents of Gallia Metropolitan Housing Authority, agree that by signing this document that this Smoke-Free Housing Policy was personally reviewed and that I/We understand and agree to abide by this policy.

GMHA Representative

Tenant

Date

Date

Tenant

Date

Financial Resources

2019 Financial Resources

Public Housing Program:

Operating Subsidy: \$605,000

Rental Income: \$145,000

Housing Choice Voucher Program:

HAP: \$623,000

Administrative Fees: \$90,000

Capital Fund Program:

2019 Grant \$321,675

2018 CFP Grant

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
 2577-02
 07/31/20

Part I: Summary

PHA Name: Gallia Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH12P04750118 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: 2018 FFY of Grant Approval:
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Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (Revision No: 1)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁽¹⁾	
		Original	Revised ⁽²⁾	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20)(3)				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment-Nonexpendable				

(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 include here

Part I: Summary

PHA Name: Gallia Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH12P04750118 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: 2018 FFY of Grant Approval:
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (Revision No: 1)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost (1)	
		Original	Revised (2)	Obligated	Expended
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling equipment				
14	1480 General Capital Fund				
15	1485 Demolition				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18a	1499 Development Activities (4)				
18ba	1501 Collateralization or Debt Service paid by the PHA				
19	9000 Collateralization or Debt Service paid via System of Direct Payment				
20	1502 Contingency (may not exceed 8% of line 20)				
21	Amount of Annual Grant: (sum of lines 2-20)				

(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
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Part I: Summary

PHA Name: Gallia Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH12P04750118 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: 2018 FFY of Grant Approval:
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Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (Revision No: 1)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁽¹⁾	
		Original	Revised ⁽²⁾	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Activities				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director /S/ MNG253	Date 04/04/2019	Signature of Public Housing Director	Date
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(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 include here

Part II: Supporting Pages

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost (2)		Status of Wo
				Original	Revised (1)	Funds Obligated	Funds Expended	
PHA Name: Gallia Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No. CFFP(Yes/No):		OH12P04750118		Federal FFY of Grant: 2018		
OH047000010 - GALLIA MET ESTATES	Operations (Operations (1406))			\$29,563.00	\$29,563.00			
OH047000010 - GALLIA MET ESTATES	Administration (Administration (1410))			\$10,000.00	\$10,000.00			
OH047000010 - GALLIA MET ESTATES	Other fees and costs (Contract Administration (1480))			\$22,000.00	\$22,000.00			
OH047000010 - GALLIA MET ESTATES	Kitchen rehab 40 units (Dwelling Unit-Interior (1480))			\$225,000.00	\$225,000.00			

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

(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages

PHA Name:		Grant Type and Number		Federal FFY of Grant: 2018				
Gallia Metropolitan Housing Authority		Capital Fund Program Grant No. Replacement Housing Factor Grant No. CFFP(Yes/No):		OH12P04750118				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost (2)		Status of Work
				Original	Revised (1)	Funds Obligated	Funds Expended	
OH047000010 - GALLIA MET ESTATES	Replace flooring (Dwelling Unit-Interior (1480))			\$16,000.00	\$16,000.00			
OH047000010 - GALLIA MET ESTATES	Brick repairs (Dwelling Unit-Exterior (1480))			\$6,000.00	\$6,000.00			
	Total:			\$308,563.00	\$308,563.00			

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

(2) To be completed for the Performance and Evaluation Report

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
 2577-02
 07/31/20

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
 Gallia Metropolitan Housing Authority

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 (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

(1) 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.

2019 CFP Grant

Part I: Summary

PHA Name: Gallia Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH12P04750119 Replacement Housing Factor Grant No. Date of CFPP:
FFY of Grant: 2019 FFY of Grant Approval:	

Type of Grant

Original Annual Statement
 Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending:
 Revised Annual Statement (Revision No:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁽¹⁾	
		Original	Revised ⁽²⁾	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20)(3)				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment-Nonexpendable				

(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 include here

Part I: Summary

PHA Name: Gallia Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH12P04750119 Replacement Housing Factor Grant No. Date of CFFP:
FFY of Grant: 2019 FFY of Grant Approval:	

Type of Grant

Original Annual Statement
 Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending:
 Revised Annual Statement (Revision No:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁽¹⁾	
		Original	Revised ⁽²⁾	Obligated	Expended
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling equipment				
14	1480 General Capital Fund				
15	1485 Demolition				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18a	1499 Development Activities (4)				
18ba	1501 Collateralization or Debt Service paid by the PHA				
19	9000 Collateralization or Debt Service paid via System of Direct Payment				
20	1502 Contingency (may not exceed 8% of line 20)				
21	Amount of Annual Grant: (sum of lines 2-20)				

(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 include here

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 2577-02:
 07/31/201

Part I: Summary

PHA Name: Gallia Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH12P04750119 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: 2019 FFY of Grant Approval:
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (Revision No:)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost (1)	
		Original	Revised (2)	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Activities				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director /S/ MNG2533	Date 06/25/2019	Signature of Public Housing Director	Date
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(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 include here

Part II: Supporting Pages

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost (2)		Status of Wo
				Original	Revised (1)	Funds Obligated	Funds Expended	
OH047000010 - GALLIA MET ESTATES	Administration (Administration (1410))			\$10,000.00				
OH047000010 - GALLIA MET ESTATES	Concrete Work (Non-Dwelling Site Work (1480))			\$19,300.00				
OH047000010 - GALLIA MET ESTATES	Sidewalk repairs (Dwelling Unit-Site Work (1480))			\$2,700.00				
OH047000010 - GALLIA MET ESTATES	Flooring Replacement (Dwelling Unit-Interior (1480))			\$17,920.00				

PHA Name: Gallia Metropolitan Housing Authority
Grant Type and Number: Capital Fund Program Grant No. OH12P04750119
 Replacement Housing Factor Grant No. CFFP(Yes/No):

Federal FFY of Grant: 2019

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost (2)		Status of Wo
				Original	Revised (1)	Funds Obligated	Funds Expended	
PHA Name: Gallia Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No. CFFP(Yes/No):		OH12P04750119		Federal FFY of Grant: 2019		
OH047000010 - GALLIA MET ESTATES	Replace flooring (Dwelling Unit-Interior (1480))			\$16,000.00				
OH047000010 - GALLIA MET ESTATES	Brick repairs (Dwelling Unit-Exterior (1480))			\$6,000.00				
OH047000010 - GALLIA MET ESTATES	Other fees and costs (Contract Administration (1480))			\$22,250.00				
OH047000010 - GALLIA MET ESTATES	Operations (Operations (1406))			\$38,505.00				

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

(2) To be completed for the Performance and Evaluation Report

Part II: Supporting Pages

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost (2)		Status of Wo
				Original	Revised (1)	Funds Obligated	Funds Expended	
OH047000010 - GALLIA MET ESTATES	Kitchen rehab (Dwelling Unit-Interior (1480))			\$189,000.00				
	Total:			\$321,675.00				

PHA Name: Gallia Metropolitan Housing Authority
Grant Type and Number: Capital Fund Program Grant No. OH12P04750119
 Replacement Housing Factor Grant No. CFFP(Yes/No):

Federal FFY of Grant: 2019

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
 Gallia Metropolitan Housing Authority

Federal FFY of Grant: 2019

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ⁽¹⁾
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

(1) 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.