

IN THE BOARD OF COMMISSIONERS OF THE
HOUSING AUTHORITY AND COMMUNITY SERVICES AGENCY
OF LANE COUNTY, OREGON

RESOLUTION/ORDER NO. 95-1-11-1H

) IN THE MATTER OF
) APPROVING THE PUBLIC
) HOUSING MANAGEMENT
) ASSESSMENT PROGRAM
) CERTIFICATION FOR THE
) FISCAL YEAR ENDED
) SEPTEMBER 30, 1994

WHEREAS, the Public Housing Management Assessment Program (PHMAP) was established in accordance with Section 502 of the National Affordable Housing Act; and

WHEREAS, public housing agencies are required to submit PHMAP certifications each year, beginning with the 1991 fiscal year;

NOW, THEREFORE, IT IS HEREBY RESOLVED AND ORDERED, THAT:

The attached PHMAP Certification for the fiscal year ended September 30, 1994 is approved.

DATED this _____ 11th day of _____ January, 1995.

Ellie Standi
Chairperson, HACSA Board of Commissioners

FILED

JAN 31 1995

COUNTY CLERK

BY *Ann Dubois*

APPROVED AS TO FORM

Date *1/4/95* for a county

Teresa Mills
OFFICE OF LEGAL COUNSEL

In the Matter of Approving the Public Housing Management Assessment Program Certification for the Fiscal Year Ended September 30, 1994.

**Public Housing Management
Assessment Program
(PHMAP) Certification**

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

BOOK **155** PAGE **1232**



OMB No. 2577-0156 (exp. 1/31/93)

Public reporting burden for this collection of information is estimated to average 3 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 (2577-0156), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Instructions: A PHA's responses to this certification form must be the PHA's actual data: e.g., prior to any adjustments for modification and/or exclusion requests to the indicators. Round percentages to the nearest whole percent.

PHAs Name: Housing Authority and Community Services Agency of Lane County, Oregon	For Fiscal Year Ending: Sept. 30, 1994	Submission Date: December 28, 1994
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Indicator 1: Vacancy Number & Percentage		Percent of units meeting HQS	
Total vacant units	18		68.8 %
Actual vacancy percent for the reporting month or a snapshot picture of the actual vacancy percent at the end of the reporting period	2.4 %	Average number of days to bring non-emergency maintenance items to HQS	.835
Adjusted vacancy percent for the reporting month or a snapshot picture of the adjusted vacancy percent at the end of the reporting period	%	Percent of emergency items corrected/abated within 24 hours	100 %
Percent reduction of actual vacancies over prior three years	%	PHA is on schedule, according to its maintenance plan, to correct unit deficiencies (enter Yes or No)	Yes
Indicator 3: Rents Uncollected		Average number of days to correct identified systems deficiencies	.05
Balance of rents uncollected as a percentage of total rents to be collected	1.3 %	PHA is on schedule, according to its maintenance plan, to correct systems deficiencies (enter Yes or No)	Yes
Indicator 5: Unit Turnaround		Indicator 8: Tenants Accounts Receivable (TARs)	
System has been established to track unit turnaround (enter Yes or No)	Yes	The PHA elects to use: (mark one) The Annual Average <input checked="" type="checkbox"/> Annual TAR Percent <input type="checkbox"/>	
Annual average number of calendar days for vacant unit to be prepared for re-rental	26.39	Indicator 11: Resident Initiatives	
Indicator 6: Outstanding Work Orders		Policies have been adopted and procedures implemented for: (enter Yes or No)	
Percent of emergency items corrected/abated within 24 hours	100 %	Anti-drug strategy/security	Yes
Percent of outstanding work orders	.3 %	Resident participation/management	Yes
Progress has been demonstrated over the most recent three year period at reducing the time required to complete maintenance work orders (enter Yes or No)	Yes	Homeownership opportunities	Yes
Indicator 7: Annual Inspection and Condition of Units and Systems		Economic development/self-sufficiency	Yes
System has been established to track inspection and repair of units and systems (enter Yes or No)	Yes	Number of areas in which PHA has been successful in significantly improving conditions/activities	3
Percentage of units inspected annually using standards that were at least equivalent to the Housing Quality Standards (HQS)	100 %	Number of areas in which PHA shows minimal activity	1

We hereby certify that, as of the submission date, the above indicators, under the Public Housing Management Assessment Program (PHMAP), are true and accurate for its fiscal year indicated above.

The undersigned further certify that, to their present knowledge, there is no evidence to indicate seriously deficient performance that casts doubt on the PHA's capacity to preserve and protect its public housing developments and operate them in accordance with Federal law and regulations. Appropriate sanctions for intentional false certification will be imposed, including suspension or debarment of the signatories.

Chairperson, Board of Commissioners : (signature & date)	Attested to by: (Executive Director's signature & date)
X	X

A Board Resolution approving this certification is required and must be attached to the executed certification.