

Annual PHA Plan <i>(Standard PHAs and Troubled PHAs)</i>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires: 03/31/2024
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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, including changes to these policies, 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. The Form HUD-50075-ST is to be completed annually by **STANDARD PHAs** or **TROUBLED PHAs**. PHAs that meet the definition of a High Performer PHA, Small PHA, HCV-Only 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 the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, or PHAS if only administering public housing.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceed 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 exceed 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.

A.	PHA Information.																																
A.1	<p>PHA Name: <u>Topeka Housing Authority</u> PHA Code: <u>KS002</u> PHA Type: <input type="checkbox"/> Standard PHA <input checked="" type="checkbox"/> Troubled PHA PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>01/2024</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Public Housing (PH) Units <u>744</u> Number of Housing Choice Vouchers (HCVs) <u>1350</u> Total Combined Units/Vouchers <u>2094</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <p>Availability of Information. 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. 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><input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)</p> <table border="1"> <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:																							
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.	Plan Elements
B.1	<p>Revision of Existing PHA Plan Elements.</p> <p>(a) Have the following PHA Plan elements been revised by the PHA?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Operation and Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Grievance Procedures.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community Service and Self-Sufficiency Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Pet Policy.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Asset Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantiel Déviation.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Signifiant Amendement/Modification</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each revised element(s):</p> <p>(c) The PHA must submit its Deconcentrating Policy for Field Office review.</p>
B.2	<p>New Activities.</p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Designated Housing for Elderly and/or Disabled Families.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Rental Assistance or Project-Based Vouchers under RAD.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Occupancy by Over-Income Families.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Occupancy by Police Officers.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non-Smoking Policies.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Project-Based Vouchers.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(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.</p> <p>THA plans to issue up to 90 PBV's. The location of the project where the vouchers will be based must meet all HUD site standards and support the need for affordable housing. Project Basing Vouchers is consistent with THA's plan to ensure there are sufficient, quality, affordable housing options in the Topeka Community.</p>
B.3	<p>Progress Report.</p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year and Annual Plan.</p> <p>THA continues to work to improve the quality of our public housing portfolio to make it more desirable, comfortable, high curb appeal and affordable. In 2017 we entered into an EPC, and in 2023 we completed phase II to increase the savings for both our Residents and THA. We have worked with Federal Home Loan Bank – Topeka on their Affordable Housing Program (AHP) and in 2019 we were awarded \$1,000,000 to replace all roofs, gutters, down spouts, 27 homes windows and add forced air ventilation to all 202 living units at Pine Ridge, our oldest and largest public housing community. In 2022 we were awarded a \$750, 000 AHP grant for our 2nd largest family site, Deer Creek. We paired that up with funds from our Capital Fund and are replacing all 92 homes roofs, gutters, down spouts, windows, and siding. This will greatly increase the curb appeal</p>

	<p>of this community. All work will be completed by 12/31/2023. We have plans to apply for AHP grants in the future to continue to preserve our aging public housing stock and stretch our capital fund further.</p> <p>THA, Inc. continues to increase the amount and quality of affordable housing available in our community. Over the last 4 years we have added 100 new homes to THA, Inc.'s portfolio. We have plans and a strategy of how to apply for funding to develop additional, quality, affordable housing for our community.</p>
B.4	<p>Capital Improvements. Include a reference here to the most recent HUD-approved 5-Year Action Plan in EPIC and the date that it was approved.</p> <p>See Capital Fund 5 Year Action Plan in EPIC approved by HUD. We plan to renovate the kitchens and replace flooring at Tyler Towers as well as the balcony doors. Flooring will also be upgraded at Pine Ridge. We will be replacing electric panels in Pine Ridge and continue to modernize our developments as funding allows. We will also use our Capital Fund to increase the scope of work possible in the AHP projects.</p>
B.5	<p>Most Recent Fiscal Year Audit.</p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe: We had 4 findings in our most recent fiscal year audit. 1. Accounting error at year end overstated a liability on the books related to our Management Company and payments to owners. This was corrected prior to audit, but after the end of the fiscal year. 2. Failure to implement GASB No. 87 before year end. This was corrected prior to the audit but after the end of the fiscal year. 3. Non-Compliance with use of Public Housing Program Funds. 4. HUD Compliance Monitoring Review completed and becomes part of the Audit.</p>
C.	<p>Other Document and/or Certification Requirements.</p>
C.1	<p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) have comments to the PHA Plan?</p> <p>Y N <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) 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>
C.2	<p>Certification by State or Local Officials.</p> <p><i>Form HUD 50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan, must be submitted by the PHA as an electronic attachment to the PHA Plan.</i></p>
C.3	<p>Civil Rights Certification/ Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.</p> <p><i>Form HUD-50077-ST-HCV-HP, PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed, must be submitted by the PHA as an electronic attachment to the PHA Plan.</i></p>
C.4	<p>Challenged Elements. If any element of the PHA Plan is challenged, a PHA must include such information as an attachment with a description of any challenges to Plan elements, the source of the challenge, and the PHA's response to the public.</p> <p>(a) Did the public challenge any elements of the Plan?</p> <p>Y N <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>If yes, include Challenged Elements.</p>
C.5	<p>Troubled PHA.</p> <p>(a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place?</p> <p>Y N N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe:</p>

THA was designated Troubled by HUD in September of 2023 due to a low PHAS Score. The primary driver of the low score is Public Housing Occupancy. THA has submitted a Recovery Plan and are awaiting a response from HUD. THA has to raise our current PHAS score 5 points by this time next year and another 5 points within 2 years. Our Board and Staff fully intend to achieve this within the next year.

D. Affirmatively Furthering Fair Housing (AFFH).

D.1 Affirmatively Furthering Fair Housing (AFFH).

Provide a statement of the PHA's strategies and actions to achieve fair housing goals outlined in an accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5). Use the chart provided below. (PHAs should add as many goals as necessary to overcome fair housing issues and contributing factors.) Until such time as the PHA is required to submit an AFH, the PHA is not obligated to complete this chart. The PHA will fulfill, nevertheless, the requirements at 24 CFR § 903.7(o) enacted prior to August 17, 2015. See Instructions for further detail on completing this item.

Fair Housing Goal:

Describe fair housing strategies and actions to achieve the goal

Attend Fair Housing Training – All THA Staff attends Fair Housing training annually. THA makes sure there are training opportunities for our Staff and Board annually preferably in person but virtual is allowed.

Fair Housing Goal:

Describe fair housing strategies and actions to achieve the goal

Posted Fair Housing Information – Fair Housing information is posted in our lobby and is included in all leases, advertisement and solicitations.

Fair Housing Goal:

Describe fair housing strategies and actions to achieve the goal

Review and approve reasonable accommodation/modification requests. Staff is trained in how to identify, document, review and approve or deny reasonable accommodation or modification requests.

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
 2577-0274
 02/28/2022

Part I: Summary		PHA Name: Topeka Housing Authority	Grant Type and Number Capital Fund Program Grant No. KSO1P00250123 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: FFY of Grant Approval:	
Type of Grant		<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:) <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 ⁽¹⁾
		Original	Revised ⁽²⁾	Obligated	
1	Total non-CFP Funds				
2	1406 Operations	\$484,384.00			
3	1408 Management Improvement	-			
4	1410 Administration	\$193,753.00			
5	1480 General Capital Activity	\$1,259,399.00			
6	1492 MovingToWorkDemonstration				
7	1501 Collater Exp / Debt Srvc				
8	1503 RAD-CFP				
9	1504 Rad Investment Activity				
10	1505 RAD-CPT				
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)				

(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
 2577-0274
 02/28/2022

Part I: Summary					
PHA Name: Topeka Housing Authority	Grant Type and Number Capital Fund Program Grant No. KS01P00250123 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: FFY of Grant Approval:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:) <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 ⁽¹⁾	
		Original	Revised ⁽²⁾	Obligated	Expended
12	9000 Debt Reserves				
13	9001 Bond Debt Obligation				
14	9002 Loan Debt Obligation				
15	RESERVED				
16	RESERVED				
17	RESERVED				
18a	RESERVED				
18ba	RESERVED				
19	RESERVED				
20	RESERVED				
21	Amount of Annual Grant: (sum of lines 2-20)			\$1,937,536.00	

(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: Topeka Housing Authority	Grant Type and Number Capital Fund Program Grant No. KS01P00250123 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: FFY of Grant Approval:
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Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (Revision No:)

Performance and Evaluation Report for Period Ending: 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/ MAXF55	Date 04/24/2023	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									
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No. CFRP(Yes/No):			Federal FFY of Grant:		KS01P00250123		
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		
Not associated with any specific development	Operations (Operations (1406)) Description : Operations	1406		\$484,384.00					
Not associated with any specific development	Administration (Administration (1410)) Description : Administration	1410		\$193,753.00					
Not associated with any specific development	PHA Wide Emergency Unit Rehab (Dwelling Unit-Interior (1480)) Description : Emergency MOD. Vacant units needing Rehab. Non Routine.	1480		\$125,000.00					

(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

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

Part II: Supporting Pages									
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No. KS01P00250123 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:			
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		
Not associated with any specific development	Appliances (Dwelling Unit-Interior (1480)) Description : Appliances	1480		\$75,000.00					
KS002000001 - PINE RIDGE MANOR	AC/Furnace Replacement (Dwelling Unit- Interior (1480)) Description : Replace Furnaces and AC units in Pine Ridge	1480		\$400,000.00					
KS002000003 - DEER CREEK VILLAGE	Furnace and AC Replacement (Dwelling Unit-Interior (1480)) Description : Replace furnaces and AC units at Deer Creek	1480		\$284,992.00					

(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

Part II: Supporting Pages									
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No. CFFP(Yes/No):			Federal FFY of Grant:				
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		
KS002000003 - DEER CREEK VILLAGE	Roofs/Windows/Siding (Dwelling Unit- Exterior (1480)) Description : Replace roofs, windows and siding at Deer Creek.	1480		\$374,407.00					
	Total:			\$1,937,536.00					

(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 III: Implementation Schedule for Capital Fund Financing Program					
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	
PHA Name: Topeka Housing Authority					

(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.

Capital Fund Program - Five-Year Action Plan

Status: Approved Approval Date: 04/14/2023 Approved By: BURGIN, TANYA

Part I: Summary						
PHA Name : Topoka Housing Authority		Locality (City/County & State)				
PHA Number: KS002		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revised 5-Year Plan (Revision No:)				
A.	Development Number and Name	Work Statement for Year 1 2023	Work Statement for Year 2 2024	Work Statement for Year 3 2025	Work Statement for Year 4 2026	Work Statement for Year 5 2027
	AUTHORITY-WIDE	\$878,137.00	\$904,673.00	\$904,673.00	\$914,673.00	\$913,138.00
	DEER CREEK VILLAGE (KS002000003)	\$659,399.00	\$575,000.00			
	POLK PLAZA (KS002000002)		\$253,817.20			
	PINE RIDGE MANOR (KS002000001)	\$400,000.00	\$204,045.80	\$1,032,863.00	\$653,628.00	\$750,000.00
	TYLER TOWERS (KS002000004)				\$369,235.00	
	JACKSON TOWERS (KS002000005)					\$274,398.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)				
Work Statement for Year 1		2023		
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	AUTHORITY-WIDE (NAWASD)			\$878,137.00
ID0023	Operations(Operations (1406))	Operations		\$484,384.00
ID0024	Administration(Administration (1410)-Other)	Administration		\$193,753.00
ID0025	PHA Wide Emergency Unit Rehab(Dwelling Unit-Interior (1480)-Appliances,Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodities,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)	Emergency MOD. Vacant units needing Rehab. Non Routine.		\$125,000.00
ID0027	Appliances(Dwelling Unit-Interior (1480)-Appliances)	Appliances		\$75,000.00
	PINE RIDGE MANOR (KS002000001)			\$400,000.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)				
Work Statement for Year 1		2023		
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
ID0028	AC/Furnace Replacement(Dwelling Unit-Interior (1480)-Mechanical)	Replace Furnaces and AC units in Pine Ridge		\$400,000.00
	DEER CREEK VILLAGE (KS002000003)			\$659,399.00
ID0029	Furnace and AC Replacement(Dwelling Unit-Interior (1480)-Mechanical)	Replace furnaces and AC units at Deer Creek		\$284,992.00
ID0038	Roofs/Windows/Siding(Dwelling Unit-Exterior (1480)-Gutters - Downspouts,Dwelling Unit-Exterior (1480)-Roofs,Dwelling Unit-Exterior (1480)-Siding,Dwelling Unit-Exterior (1480)-Windows)	Replace roofs, windows and siding at Deer Creek.		\$374,407.00
	Subtotal of Estimated Cost			\$1,937,536.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)				
Work Statement for Year 2		2024		
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	AUTHORITY-WIDE (NAWASD)			\$904,673.00
ID0030	Operations(Operations (1406))	Operations		\$481,869.00
ID0031	Administration(Administration (1410)-Other)	Administration		\$192,747.00
ID0032	PHA Wide Emergency Unit Rehab(Dwelling Unit-Interior (1480)-Appliances,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)	Emergency MOD. Units needing Non Routine Rehab.		\$135,057.00
ID0034	Appliances(Dwelling Unit-Interior (1480)-Appliances)	Appliances		\$95,000.00
	DEER CREEK VILLAGE (KS002000003)			\$575,000.00
ID0035	HVAC(Dwelling Unit-Interior (1480)-Mechanical)	Upgrade HVAC at Deer Creek		\$575,000.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)					
Work Statement for Year		2	2024		
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost	
	POLK PLAZA (KS002000002)			\$253,817.20	
ID0036	Mechanical Upgrade Polk Plaza(Non-Dwelling Construction - Mechanical (1480)-Fire Suppression System)	Upgrade mechanical at Polk Plaza		\$253,817.20	
	PINE RIDGE MANOR (KS002000001)			\$204,045.80	
ID0045	New 100 AMP Breaker Panels(Dwelling Unit-Interior (1480)-Electrical)	Instial new 100 AMP Breaker panels at Pine Ridge.		\$204,045.80	
	Subtotal of Estimated Cost			\$1,937,536.00	

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)				
Work Statement for Year		3	2025	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	AUTHORITY-WIDE (NAWASD)			\$904,673.00
ID0037	Operations(Operations (1406))	Operations		\$481,869.00
ID0038	Administration(Administration (1410)-Other)	Administration		\$192,747.00
ID0040	Appliances(Dwelling Unit-Interior (1480)-Appliances)	Appliances		\$95,000.00
ID0041	PHA Wide Unit Rehab(Dwelling Unit-Interior (1480)-Appliances,Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodities,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers) PINE RIDGE MANOR (KS002000001)	Emergency unit rehab Non Routine MOD.		\$135,057.00
				\$1,032,863.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)				
Work Statement for Year		2025		
3	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
ID0042	Retaining Walls(Dwelling Unit-Exterior (1480)-Other)	Replace bad retaining walls at Pine Ridge.		\$447,669.80
ID0043	Electrical panels(Dwelling Unit-Interior (1480)-Electrical)	Replace electrical panels at Pine Ridge.		\$325,000.00
ID0044	Condensing units(Dwelling Unit-Interior (1480)-Mechanical)	Replace condensing units at Pine Ridge.		\$260,193.20
	Subtotal of Estimated Cost			\$1,937,536.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year		4	2026	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	AUTHORITY-WIDE (NAWASD)			\$914,673.00
ID0046	Operations(Operations (1406))	Operations		\$481,869.00
ID0047	Administration/Administration (1410)-Other	Administration		\$192,747.00
ID0048	PHA Wide Unit Rehab.(Dwelling Unit-Interior (1480)-Commodities,Dwelling Unit-Interior (1480)-Interior Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)	Vacant units that need Rehab for Non Routine MOD.		\$135,057.00
ID0049	Appliances (Dwelling Unit-Interior (1480)-Appliances)	New Appliances		\$105,000.00
	PINE RIDGE MANOR (KS002000001)			\$653,628.00
ID0050	Bathroom Remodel(Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)	Remodel bathrooms at Pine Ridge. Brick up window and install new shower, sink, flooring etc.		\$653,628.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)					
Work Statement for Year		4	2026		
Identifier	Development Number/Name	General Description of Major Work Categories		Quantity	Estimated Cost
	TYLER TOWERS (KS002000004)				\$369,235.00
ID0051	Tyler lobby remodel(Non-Dwelling Interior (1480)-Common Area Bathrooms,Non-Dwelling Interior (1480)-Common Area Finishes,Non-Dwelling Interior (1480)-Common Area Flooring,Non-Dwelling Interior (1480)-Common Area Kitchens,Non-Dwelling Interior (1480)-Common Area Painting,Non-Dwelling Interior (1480)-Common Area Washers,Non-Dwelling Interior (1480)-Day Care Center,Non-Dwelling Interior (1480)-Doors,Non-Dwelling Interior (1480)-Electrical,Non-Dwelling Interior (1480)-Laundry Areas,Non-Dwelling Interior (1480)-Mechanical,Non-Dwelling Interior (1480)-Other,Non-Dwelling Interior (1480)-Plumbing,Non-Dwelling Interior (1480)-Shop,Non-Dwelling Interior (1480)-Storage Area) Subtotal of Estimated Cost	Remodel main floor at Tyler Towers.			\$369,235.00
					\$1,937,536.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year		5	2027	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	AUTHORITY-WIDE (NAWASD)			\$913,138.00
ID0052	Operations(Operations (1406))	Operations		\$484,384.00
ID0053	Administration(Administration (1410)-Other)	Administration		\$193,754.00
ID0054	Emergency Unit Rehab(Dwelling Unit-Interior (1480)-Appliances,Dwelling Unit-Interior (1480)- Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical), Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)- Mechanical,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Appliances(Dwelling Unit-Interior (1480)-Appliances)	Unit needs to be placed in MOD for non routine rehab.		\$150,000.00
ID0055	PINE RIDGE MANOR (KS002000001)	New Appliances		\$85,000.00
ID0056	Bathroom Remodel(Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)- Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)	Remodel bathrooms and remove window.		\$750,000.00

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages - Physical Needs Work Statements (\$)				
Work Statement for Year		5	2027	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	JACKSON TOWERS (KS002000005)			\$274,398.00
ID0057	Parking Lot(Dwelling Unit-Exterior (1480)-Exterior Lighting)	New parking lot.		\$274,398.00
	Subtotal of Estimated Cost			\$1,937,536.00

Capital Fund Program - Five-Year Action Plan

Part III: Supporting Pages - Management Needs Work Statements (\$)		
Work Statement for Year	2024	
Development Number/Name	General Description of Major Work Categories	Estimated Cost
Housing Authority Wide		
Operations(Operations (1406))		\$481,869.00
Administration(Administration (1410)-Other)		\$192,747.00
PHA Wide Emergency Unit Rehab(Dwelling Unit-Interior (1480)-Appliances,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)		\$135,057.00
Appliances(Dwelling Unit-Interior (1480)-Appliances)		\$95,000.00
Subtotal of Estimated Cost		\$904,673.00

Capital Fund Program - Five-Year Action Plan

Part III: Supporting Pages - Management Needs Work Statements (\$)		
Work Statement for Year	2025	
Development Number/Name	General Description of Major Work Categories	Estimated Cost
Housing Authority Wide		
Operations(Operations (1406))		\$481,869.00
Administration(Administration (1410)-Other)		\$192,747.00
Appliances(Dwelling Unit-Interior (1480)-Appliances)		\$95,000.00
PHA Wide Unit Rehab(Dwelling Unit-Interior (1480)-Appliances,Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodities,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-		\$135,057.00
Subtotal of Estimated Cost		\$904,673.00

Capital Fund Program - Five-Year Action Plan

Part III: Supporting Pages - Management Needs Work Statements (s)		
Work Statement for Year	Development Number/Name	Estimated Cost
4	2026	
General Description of Major Work Categories		
Housing Authority Wide		
Operations(Operations (1406))		\$481,869.00
Administration(Administration (1410)-Other)		\$192,747.00
PHA Wide Unit Rehab (Dwelling Unit-Interior (1480)-Commodities,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)		\$135,057.00
Appliances (Dwelling Unit-Interior (1480)-Appliances)		\$105,000.00
Subtotal of Estimated Cost		\$914,673.00

ATTACHMENT A
VAWA



TOPEKA HOUSING AUTHORITY

**VIOLENCE AGAINST WOMEN
ACT (VAWA)
POLICY & PROCEDURES**

A. Applicability

The federal Violence Against Women Act (VAWA) offers some protections against eviction for residents of Public Housing and Section 8 Housing who are victims of domestic violence, dating violence, or stalking. Additionally, admission to these program shall not be denied on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking, if the applicant otherwise qualifies for assistance or admission.

The provisions of 24 CFR Part 5, Subpart L are incorporated by reference in this VAWA policy, and these provisions shall apply if there is any conflict between federal provisions and the policies and procedures stated here.

B. Protections

1. Incidents of domestic violence, dating violence or stalking will not be considered to be serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, will not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. To protect the rights and promote the safety of victims of violence, a lease may be bifurcated (divided) so certain tenants can be evicted or removed while the remaining family members' lease and occupancy rights are preserved.
4. VAWA protections do not limit the authority of THA or a Section 8 landlord to evict or terminate assistance of the tenant or a family member for violations of the lease or family obligations that otherwise would constitute good cause to evict or grounds for termination.

C. THA Responsibilities

The following THA responsibilities are spelled out in 24 CFR Part 5, Subpart L:

1. Inform THA Public Housing tenants and Section 8 participants of their rights under VAWA, including their right to confidentiality and any exceptions to these rights and confidentiality protections.
2. Provide notice to Section 8 landlords of their rights and obligations under VAWA and related HUD regulations. In turn, Section 8 landlords are responsible for handling all requests for VAWA protections submitted on behalf of their tenants.
3. Include a description of VAWA protections in the Public Housing Dwelling Lease Agreement.
4. Implement policies and procedures to respond to VAWA protections requested by THA Public Housing tenants and occupants.

D. Procedures for Handling Requests for VAWA Protections Submitted on Behalf of Public Housing Tenants & Occupants

1. THA, at its discretion, may provide VAWA protections to a victim based solely on the victim's verbal statement or other corroborating evidence, and not require the written certification described below.
2. If THA determines that written certification of domestic violence must be provided:

- a. THA's request for certification will be made in writing – asking the victim, or a family member on the victim's behalf – to certify that the individual is a victim of domestic violence, dating violence, or stalking.
 - b. The written request will include the following information:
 - i. Use of HUD-50066 is not required; other types of certification are acceptable, and these other types are listed on the HUD-50066 form.
 - ii. The requested written certification must be returned to the specific THA employee named in the request letter, within 14 business days of receiving the request.
 - iii. If the requested written certification is not returned within 14 business days THA may evict the tenant or a family member for violations of the lease or family obligations that otherwise would constitute good cause for eviction.
 - c. A copy of HUD-50066 will be enclosed with the written request from THA.
3. THA may, at its discretion, extend the deadline for submitting written certifications.

E. Processing Written VAWA Certifications

1. If written certification is requested, the victim may submit either HUD-50066 or Other Types of Certification listed below.
 - a. Form HUD-50066
 - i. It must include the name of the perpetrator.
 - ii. It may be based solely on the signed statement of the victim.
 - iii. THA will not request additional certification if a fully completed HUD-50066 is submitted.
 - b. Other Types of Certification (these are listed on HUD-50066)
 - i. Identification of the perpetrator is not required.
 - ii. May consist of a federal, state, tribal, territorial, or local police report or court record, or;
 - iii. Documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the effects of abuse. If this type of documentation is submitted:
 - The person signing the form must attest under penalty of perjury under 28 U.S.C. 1746 to the person's belief that the incident or incidents in question are bona fide incidents of abuse, and;
 - The victim of domestic violence, dating violence, or stalking must sign or attest to the documentation.
2. Confidentiality. Any document provided for this purpose will be kept confidential, which means:
 - a. THA will not enter the information contained in the documentation into any shared database;
 - b. THA will not allow employees or contractors to have access to such information unless explicitly authorized by THA for reasons that specifically call for these persons to have access to this information;
 - c. THA will not disclose this information to any other organization or person unless:
 - i. Requested or consented to in writing by the individual making the documentation,
 - ii. Required for use in an eviction proceeding, or
 - iii. Otherwise required by law.

F. Response to Conflicting Certification

1. In cases where THA 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:
 - a. THA may determine which is the true victim by requiring third-party documentation as described above in E. Processing Written VAWA Certifications, and;
 - b. In accordance with any HUD guidance on how such determinations will be made.
2. THA will honor any court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property.

G. Eviction When an Actual or Imminent Threat Exists

THA may evict or terminate assistance to any tenant or lawful occupant if THA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the Public Housing or Section 8 assisted property if that tenant or lawful occupant is not terminated from assistance.

In this context, words, gestures, actions, or other indicators will be considered an “actual imminent threat” if they meet the definition of Actual and Imminent, below.

Eviction or termination of assistance will occur only when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to:

1. Transferring the victim to a different unit;
2. Barring the perpetrator from the property;
3. Contacting law enforcement to increase police presence or develop other plans to keep the property safe, or;
4. Seeking other legal remedies to prevent the perpetrator from acting on a threat.

Restrictions related to public safety cannot be based on stereotypes, but must be tailored to specific concerns about individual residents.

H. Definitions

Actual and imminent threat is a physical danger that is real, would occur soon, and could result in death or serious bodily harm. In determining whether an individual would pose an actual an imminent threat, the factors to be considered include: The duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.

Bifurcate means to divide a lease so certain tenants can be evicted or removed while the remaining family members’ lease and occupancy rights are allowed to remain intact.

Dating violence means violence committed by a person:

1. Who is or has been in a romantic or intimate relationship with the victim; and
2. The existence of such a relationship is determined by the following:
 - a. The length of the relationship;
 - b. The type of relationship; and
 - c. The frequency of interaction between the persons involved in the relationship.

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse 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, by a person similarly situated to a spouse of the victim under Kansas domestic or family violence laws, or by any other person against an adult or youth victim who is protected from that person’s acts under Kansas domestic or family violence laws.

Immediate family member means, with respect to a person:

1. A spouse, parent, brother, or sister, or child of that person, or an individual to whom that person stands in loco parentis; or
2. Any other person living in the household of that person and related to that person by blood or marriage.

Stalking means:

1. a. To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; or,
b. To place under surveillance with the intent to kill, injure, harass, or intimidate another person; and,
2. In the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to:
 - a. That person,
 - b. A member of the immediate family of that person, or

c. The spouse or intimate partner of that person.

VAWA means the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162, approved August 28, 2006), as amended by the U.S. Housing Act of 1937 (42 U.S.C. 1437d and 42 U.S.1437f).

ATTACHMENT B
PUBLIC MEETING

Topeka Housing Authority
Public Meeting
Draft Annual & Five Year Plan
2024

September 14, 2023

Name

Organization

Only THA staff attended:  Trey George &  Aubrey Coufal

9/14/23

**Certifications of Compliance with
PHA Plan 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 3/31/2024

**PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations
including PHA Plan Elements that Have Changed**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairperson or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the x__ 5-Year and/or x__ Annual PHA Plan, hereinafter referred to as "the Plan", of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) for the PHA fiscal year beginning __2024 ____, 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 (24 CFR § 91.2).
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 (AI) to Fair Housing Choice, or Assessment of Fair Housing (AFH) when applicable, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan (24 CFR §§ 91.2, 91.225, 91.325, and 91.425).
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 provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
5. 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.
6. 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 (42 U.S.C. 2000d-2000d—4), the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title II of the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and other applicable civil rights requirements and that it will affirmatively further fair housing in the administration of the program. In addition, if it administers a Housing Choice Voucher Program, the PHA certifies that it will administer the program in conformity with the Fair Housing Act, title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, title II of the Americans with Disabilities Act, and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of the program.
7. The PHA will affirmatively further fair housing, which means that it will take meaningful actions to further the goals identified in the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR § 5.150 through 5.180, that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing, and that it will address fair housing issues and contributing factors in its programs, in accordance with 24 CFR § 903.7(o)(3). The PHA will fulfill the requirements at 24 CFR § 903.7(o) and 24 CFR § 903.15(d). Until such time as the PHA is required to submit an AFH, the PHA will fulfill the requirements at 24 CFR § 903.7(o) promulgated prior to August 17, 2015, which means that it examines its programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; and maintains records reflecting these analyses and actions.
8. For PHA Plans that include 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 2011-65);

- 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; and
 - 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 903.7(o)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
 10. In accordance with 24 CFR § 5.105(a)(2), HUD's Equal Access Rule, the PHA will not make a determination of eligibility for housing based on sexual orientation, gender identify, or marital status and will make no inquiries concerning the gender identification or sexual orientation of an applicant for or occupant of HUD-assisted housing.
 11. 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.
 12. 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.
 13. 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.
 14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
 15. 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.
 16. 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.
 17. The PHA will keep records in accordance with 2 CFR 200.333 and facilitate an effective audit to determine compliance with program requirements.
 18. 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.
 19. The PHA will comply with the policies, guidelines, and requirements of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Financial Assistance, including but not limited to submitting the assurances required under 24 CFR §§ 1.5, 3.115, 8.50, and 107.25 by submitting an SF-424, including the required assurances in SF-424B or D, as applicable.
 20. 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.
 21. 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).

Topeka Housing Authority
PHA Name

KS002
PHA Number/HA Code

Annual PHA Plan for Fiscal Year 2024

5-Year PHA Plan for Fiscal Years 2024 - 2028

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 Executive Director: William D. George III

Name Board Chairman: Robert Banks

Signature

Date

Signature

Date

The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq, and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality. This information is collected to ensure compliance with PHA Plan, Civil Rights, and related laws and regulations including PHA plan elements that have changed.

Public reporting burden for this information collection is estimated to average 0.16 hours per year per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Certification of Payments to Influence Federal Transactions

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

Public reporting burden for this information collection is estimated to average 30 minutes. This includes the time for collecting, reviewing, and reporting data. The information requested is required to obtain a benefit. This form is used to ensure federal funds are not used to influence members of Congress. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Applicant Name

Topeka Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing

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

William D. George III

Title

President/CEO

Signature

Date (mm/dd/yyyy)

5/26/2023

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 3/31/2024

Civil Rights Certification

Annual Certification and Board Resolution

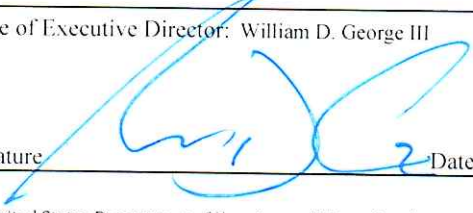
Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairperson or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year PHA Plan, hereinafter referred to as "the Plan", of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) for the fiscal year beginning 2024 in which the PHA receives assistance under 42 U.S.C. 1437f and/or 1437g in connection with the mission, goals, and objectives of the public housing 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 (42 U.S.C. 2000d-2000d-4), the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title II of the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and other applicable civil rights requirements and that it will affirmatively further fair housing in the administration of the program. In addition, if it administers a Housing Choice Voucher Program, the PHA certifies that it will administer the program in conformity with the Fair Housing Act, title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, title II of the Americans with Disabilities Act, and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of the program. The PHA will affirmatively further fair housing, which means that it will take meaningful actions to further the goals identified in the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR § 5.150 through 5.180, that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing, and that it will address fair housing issues and contributing factors in its programs, in accordance with 24 CFR § 903.7(o)(3). The PHA will fulfill the requirements at 24 CFR § 903.7(o) and 24 CFR § 903.15(d). Until such time as the PHA is required to submit an AFH, the PHA will fulfill the requirements at 24 CFR § 903.7(o) promulgated prior to August 17, 2015, which means that it examines its programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; and maintains records reflecting these analyses and actions.

Topeka Housing Authority
PHA Name

KS002
PHA Number/HA Code

I hereby certify that all the statement above, 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 Executive Director: William D. George III

Signature _____ Date 5/26/2023

Name of Board Chairperson: Robert Banks

Signature _____ Date 9-28-23

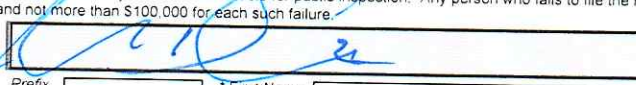
The United States Department of Housing and Urban Development is authorized to collect the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality. The information is collected to ensure that PHAs carry out applicable civil rights requirements.

Public reporting burden for this information collection is estimated to average 0.16 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. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

DISCLOSURE OF LOBBYING ACTIVITIES OMB Control Number: 4040-0013

Expiration Date: 2/28/2025

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

<p>1. * Type of Federal Action:</p> <input checked="" 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	<p>2. * Status of Federal Action:</p> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<p>3. * Report Type:</p> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<p>4. Name and Address of Reporting Entity:</p> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____ Congressional District, if known: _____		
<p>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</p> 		
<p>6. * Federal Department/Agency:</p> _____	<p>7. * Federal Program Name/Description:</p> 14.870 _____ CFDA Number, if applicable: _____	
<p>8. Federal Action Number, if known:</p> _____	<p>9. Award Amount, if known:</p> \$ _____	
<p>10. a. Name and Address of Lobbying Registrant:</p> Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
<p>b. Individual Performing Services (including address if different from No. 10a)</p> Prefix: _____ * First Name: _____ Middle Name: _____ * Last Name: _____ Suffix: _____ * Street 1: _____ Street 2: _____ * City: _____ State: _____ Zip: _____		
<p>11. 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 the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and 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.</p> <p>* Signature: </p> <p>* Name: Prefix: _____ * First Name: William D. Middle Name: _____ * Last Name: George Suffix: _____</p> <p>Title: President/CEO Telephone No.: 785-357-8842 Date: 9/26/2023</p>		
<p>Federal Use Only:</p>		<p>STANDARD FORM LLL (REV. 7/1997) Authorized for Local Reproduction</p>

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Topeka Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

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

William D. George III

Title

President/CEO

Signature

Date

X

9/26/2023

**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 3/31/2024

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

I, Richard U. Nienstedt, the Interim City Manager
Official's Name *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2024-2028 and/or Annual PHA Plan
for fiscal year 2024 of the Topeka Housing Authority is consistent with the
PHA Name

Consolidated Plan or State Consolidated Plan including the Analysis of Impediments (AI) to Fair
Housing Choice or Assessment of Fair Housing (AFH) as applicable to the

City of Topeka, Shawnee County
Local Jurisdiction Name

pursuant to 24 CFR Part 91 and 24 CFR § 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or
State Consolidated Plan.

The PHA Plan provides new rental housing for LMI applicants that is consistent with the City's
Analysis of Impediments specifically the need for more affordable housing units.
In Addition the PHA's Plan will leverage and work in conjunction with the City's Shelter Plus
Care Program that is already a part of the City's Consolidated Action Plan to help move applicants
that graduate and no longer need case management from the Shelter Plus Care Program into a
continued voucher PHA Plan program and opening up those Shelter Plus Care slots for other
applicants.

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:

Richard U. Nienstedt

Title:

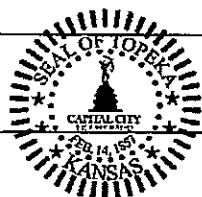
Interim City Manager

Signature:

Richard U. Nienstedt

Date:

10/15/2023



The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S.
Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information

ATTEST: *Brenda Younger*
Brenda Younger
City Clerk

RESOLUTION NO. 2023-09

**TOPEKA HOUSING AUTHORITY
ANNUAL & FIVE YEAR PLAN
FOR 2024**

Whereas, the Topeka Housing Authority Board of Commissioners has reviewed the Annual & Five Year Plan for 2024; and,

Whereas, this Annual & Five Year Plan reflects the views, interests and concerns of the Board of Commissioners and THA residents; and,

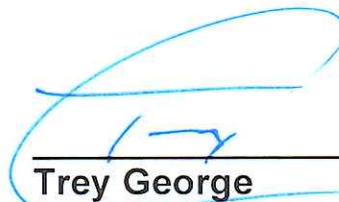
Whereas, the process used in developing this Annual & Five Year Plan met requirements set out by HUD and the Board of Commissioners;

Now be it Resolved, that this Annual & Five Year Plan for 2024 is approved for submission to HUD no later than October 15, 2023.

This Resolution was approved and adopted on this 26th day of September, 2023 by the Topeka Housing Authority Board of Commissioners. This Resolution is effective on adoption.



**Robert Banks, Chair
Topeka Housing Authority Board
of Commissioners**



**Trey George
Executive Director**