

**Public Housing Assessment  
System (PHAS) Management  
Operations Certification**

**U.S. Department of Housing  
and Urban Development**  
Real Estate Assessment Center

OMB No. 2535-0106  
(exp. 5/31/2009)

**Public reporting burden** for this collection of information is estimated to average **1.8 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is collected to implement section 502 of the National Affordable Housing Act of 1990, as amended, which established specific indicators to assess the management performance of public housing agencies (PHAs) in all major areas of management operations. PHAs will complete the PHAS Certification form HUD-50072 and electronically submit it to HUD. If a PHA does not have this capability in-house, the PHA should consider utilizing local resources, such as the library or another local government entity that has Internet access. In the event local resources are not available, a PHA may go to the nearest HUD Public Housing program office and assistance will be given to the PHA to transmit this PHAS certification. The information is used by HUD as a component of PHAS to assess all major areas of PHA's management operations, designate PHAs as troubled and PHAs troubled with respect to the program for assistance from the Capital Fund under Section 9, enter into a Memorandum of Agreement (MOA) with troubled PHAs and PHAs troubled with respect to the program for assistance from the Capital Fund under Section 9, and report annually to Congress on the status of troubled PHAs and PHAs troubled with respect to the program for assistance from the Capital Fund under Section 9. This information is required for HUD to fulfill statutory requirements of the 1990 Act. The information collected does not lend itself to confidentiality.

**Instructions:** A PHA/AME's electronic responses to this certification must be the PHA/AME's actual data; e.g., prior to any adjustments to the indicators. Round percentages to the nearest two decimal points.

PHA/AME Name	For FY Ending	Submission Date
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Project name(s) if AME

The management functions for the following sub-indicator (s) have been assumed by an RMC, and the RMC certification will be completed and submitted to HUD (enter sub-indicator numbers or N/A):

**Sub-Indicator #1: Vacant Unit Turnaround Time**

V12400	Total number of turnaround days.	
V12500	Total number of vacancy days exempted for Capital Fund.	
V12600	Total number of vacancy days exempted for other reasons.	
V12700	Total number of vacant units turned around and lease in effect in the PHA's immediate past fiscal year.	
V12800	Average number of calendar days units were in down time.	
V12900	Average number of calendar days units were in make ready time.	
V13000	Average number of calendar days units were in lease up time.	
V13100	Average unit turnaround days.	

**Sub-Indicator #2: Capital Fund**

CF10000	Do you have any open Capital Fund programs (e.g., CGP, Hope VI,) (Y/N)? Open = any program that does not have a pre-audit end date or that received a pre-audit end date during the fiscal year being assessed. Component #1 and #2 (please circle yes or no)	Yes No
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**Component #1: Unexpended Funds Over Three Federal Fiscal Years (FFYs) Old**

CF10050	Total funds authorized over 3 FFYs old that do not have a pre-audit end date or that received a pre-audit end date during the fiscal year being assessed.	\$
CF10100	Total funds expended over 3 FFYs old that do not have a pre-audit end date or that received a pre-audit end date during the fiscal year being assessed.	\$
CF10200	Unexpended funds to be recaptured.	\$
CF10300	Unexpended funds approved by HUD over 3 FFYs old.	\$
CF10400	Unexpended funds with time extensions due to reasons outside of PHA control.	\$
CF10500	Adjusted total unexpended funds.	\$

Component #2: Timeliness of Fund Obligation

CF11100	Total funds authorized for grants older than 2 FFYs old.	\$
CF11200	Total funds obligated over 2 FFYs old.	\$
CF11300	Unobligated funds approved by HUD over 2 FFYs old.	\$
CF11400	Unobligated funds with time extensions due to reasons outside of PHA control.	\$
CF11500	Adjusted total unobligated funds.	\$

Component #3: Adequacy of Contract Administration

CF11700	The date of the last HUD/Army Corps of Engineers on-site inspection and/or audit related to contract administration (include A-133 Audit).	
CF11800	The number of findings related to contract administration.	
CF11900	The number of findings related to contract administration that have been corrected by the PHA.	
CF12000	The number of findings related to contract administration that the PHA is in the process of correcting.	

Component #4: Quality of the Physical Work

CF12200	The date of the last HUD/Army Corps of Engineers on-site inspection related to the quality of physical work.	
CF12300	The number of findings related to the quality of physical work.	
CF12400	The number of findings related to the quality of physical work that have been corrected by the PHA.	
CF12500	The number of finding related to the quality of physical work that the PHA is in the process of correcting.	

Component #5: Adequacy of Budget Controls

CF12700	Total amount of Capital Funds expended during the PHA fiscal year being assessed.	\$
CF12800	The amount of Capital Funds expended on approved work items not subject to budget revisions during the PHA fiscal year being assessed.	\$
CF12900	The amount of Capital Funds expended under budget revisions with prior HUD approval during the PHA fiscal year being assessed.	\$
CF13000	The amount of Capital Funds expended under budget revisions not requiring prior HUD approval during the PHA fiscal year being assessed.	\$

**Sub-Indicator #3: Work Orders**

Component #1: Emergency Work Orders

W10000	Total number of emergency work orders.	
W10100	Total number of emergency work orders completed / abated within 24 hours.	
W10200	Percentage of emergency work orders completed / abated within 24 hours.	%

Component #2: Non-Emergency Work Orders

W10500	Total number of non-emergency work orders.	
W10600	Total number of calendar days it took to complete non-emergency work orders.	
W10700	Average number of days PHA has reduced the time it takes to complete non-emergency work orders over the past three years.	
W10800	Average completion days.	

### Sub-Indicator #4: Annual Inspection of Dwelling Units and Systems

Component #1: Annual Inspection of Dwelling Units

A10000	The total number of ACC units.	
A10100	The sum of units exempted where the PHA made two documented attempts to inspect and is enforcing the lease.	
A10200	Vacant units exempted for Capital Fund.	
A10300	Vacant units exempted for other reasons.	
A10400	Total number of units inspected using the Uniform Physical Condition Standards (UPCS).	
A10550	Total number of units inspected that did not require repairs.	
A10600	The number of units where necessary repairs were completed to comply with UPCS either during the inspection, issued work orders for the repairs, or referred the deficiency to the current year's or next year's Capital Fund program.	
A10700	Adjusted units available.	
A10800	Percent of units inspected by PHA.	%

Component #2: Annual Inspection of Systems including Common Areas and Non-Dwelling Space

A11100	Total number of projects.	
A11200	Total number of projects exempted from the inspection of systems.	
A11300	The total number of projects where all systems were inspected in accordance with the UPCS.	
A11400	Total number of buildings.	
A11500	Total number of buildings exempted from the inspection of systems.	
A11600	The total number of buildings where all systems were inspected in accordance with the UPCS.	
A11700	The number of buildings and projects where necessary repairs were completed to comply with the UPCS either during the inspection, issued work orders for the repairs, or referred the deficiency to the current year's or next year's Capital Funds program.	
A11800	Percentage of projects inspected.	%
A11900	Percentage of buildings inspected.	%

### Sub-Indicator #5: Security

Component#1: Tracking and Reporting Crime-Related Problems

S10000	The date that the Board adopted current policies to track crime and crime-related problems.	
S10100	The date that the PHA implemented the current procedures to track crime and crime-related problems.	
S10200	The date that the PHA implemented a current cooperative system for tracking and reporting crime to local police authorities.	
S10300	The number of crimes that the PHA can document it reported to local police authorities.	
S10400	Percentage of developments where PHA can document it tracks crime and crime-related problems.	%

Component#2: Screening of Applicants

S10500	The date the Board adopted current screening policies that reflect the applicable criteria.	
S10600	The date the PHA implemented current screening procedures that reflect the applicable criteria.	
S10700	PHA can document that current screening procedures result in successfully denying admission to applicants who meet the applicable criteria. (Please circle yes or no)	Yes    No
S10800	The total number of applicants denied who met the applicable criteria.	

Component#3: Lease Enforcement

S10900	The date the Board adopted current eviction policies that reflect the applicable criteria.	
S11000	The date the PHA implemented current eviction procedures that reflect the applicable criteria.	
S11100	PHA can document that current eviction screening procedures resulted in the eviction of residents who meet the applicable criteria. (Please circle yes or no)	Yes No
S11200	The total number of evictions as a result of the applicable criteria.	

Component#4: Drug Prevention and/or Crime Reduction Program Goals

S11350	The number of HUD-funded drug prevention and/or crime reduction programs.	
S11450	The number of non HUD-funded drug prevention and/or crime reduction programs that the PHA requests to be assessed.	
S11550	The number of documented program goals that are related to drug prevention and/ or crime reduction.	
S11600	The number of goals the PHA can document it met under the implementation plan(s) for any and all of these programs.	
S11700	Percentage of goals that the PHA can document it met under implementation plan(s) for any and all of these programs.	%

**Sub-Indicator #6: Economic Self-Sufficiency**

E10000	The number of HUD-funded economic self-sufficiency programs.	
E10100	The number of non HUD-funded economic self-sufficiency programs that the PHA requests to be assessed.	
E10200	The number of documented program goals that are related to economic self-sufficiency.	
E10300	The number of goals the PHA can document it met under the implementation plan(s) for any and all of these programs.	
E10400	Percentage of goals that the PHA can document it met under implementation plan(s) for any and all of these programs.	[%

**Adjustments for Physical Condition and/or Neighborhood Environment**

Please enter project number and name and indicate which area the adjustment for Physical Condition and/or Neighborhood Environment applies for a project. (Check all that apply)

Project No.	Project Name	Site	Common Areas	Building Exteriors
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach additional sheets as necessary for additional projects.

I certify that, as of the submission date, the above sub-indicators, under Public Housing Assessment System indicator #3 Management Operations are true and accurate for the fiscal year indicated. I further certify that, to my present knowledge, there is no evidence to indicate seriously deficient performance that casts doubt on the PHA's capacity to present 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 signatory.

A Board Resolution approving this certification is required. I further certify that Board Resolution number \_\_\_\_\_ approving this certification was passed on (mm/dd/yyyy) \_\_\_\_\_.

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Executive Director (signature)	Date (mm/dd/yyyy)
X	X