

# MINUTES

COPY RECEIVED  
DATE: 12/29/16  
TIME: 2:00 PM  
TOWN CLERK'S OFFICE

## Seymour Housing Authority

### ➤ 969th Meeting

The 969th Meeting, a Regular Meeting of the Seymour Housing Authority, was held on December 7, 2016 at the **Smithfield Gardens Assisted Living Facility**, in the **Multipurpose Room** located at **26 Smith Street** Seymour, Connecticut and was called to order at 5:54 P.M. by Chairperson White.

### ➤ Roll Call

Answering the Roll Call were Commissioners Dota, Golebieski, Horelick, and White.

Also present was Executive Director David Keyser and Attorney Gregory Stamos.

### ➤ Public Comment Session

None

### ➤ Previous Meeting Minutes

Chairperson White introduced the previous meeting minutes of the 967<sup>th</sup> Regular Meeting held on November 2, 2016.

Commissioner Horelick motioned to accept the minutes of the 967<sup>th</sup> Regular Meeting. Commissioner Dota seconded the motion. Chairperson White acknowledged the motion and its second and asked all in favor of the motion to vote aye. Voting aye were Commissioners Dota, Golebieski and White. Commissioner Horelick Abstained from Voting. Chairperson White declared the motion carried and the minutes accepted as presented.

## Bills & Communications

Chairperson White introduced the Bills. (See Exhibit I).

Commissioner Horelick motioned to approve the bills as presented and authorize payment of the bills. Commissioner Golebieski seconded the motion. Commissioner Horelick asked about check 8932 in relation to the payment to Langan Corp. The Executive Director stated that he had commissioned Langan Corp., an environmental consulting group to investigate a claim of mold present in the Callahan House common areas. Hearing no further discussion, Chairperson White acknowledged the motion and its second and asked all those in favor of the motion to signify by voting aye. Voting aye were Commissioners Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried and the bills approved for payment as presented.

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## ➤ Executive Session

At 5:59 P.M. Commissioner Dota motioned to enter Executive Session to speak about a Real Estate Transaction and to invite the Board of Commissioner, the Executive Director and Attorney Stamos to enter the Executive Session. Commissioner Golebieski seconded the motion. Chairperson White acknowledged the motion and its second and asked all those in favor of the motion to signify by voting aye. Voting aye were Commissioners Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried.

At 6:12 P.M. Commissioner Horelick motioned to leave Executive Session and to resume the order of the Agenda. Commissioner Dota seconded the motion. Chairperson White acknowledged the motion and its second and asked all those in favor of the motion to signify by voting aye. Voting aye were Commissioners Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried.

## Executive Director's Report

The Executive Director referred to his Annual Report. There was no Executive Director Report for December.

## ➤ Old Business

Attorney Stamos updated the Commission that the Property Gift transaction was proceeding. He reported that the Executive Director signed the property exchange agreement, the title search was being performed, the house on the property has been demolished and the records and reports associated with the demo are being delivered to him with Town approvals and sign offs. He affirmed that by year end, the property will be transferred to the Seymour Housing Authority.

## New Business

Chairperson White introduced the 2017 Moderate Rental Budget and the \$10 Base Rent and 1% of income Rent Increase.

The Executive Director explained that since the Board voted on the initial budget and rent increase back at the October meeting, he has corresponded to the Moderate Rental residents on October 18, 2016 that they are welcome to comment on the increase until November 18, 2016 and that a Public Hearing would be held on November 22, 2016. He disbursed the three correspondences received from residents, and stated that the Public Hearing was not attended by anyone. The Executive Director also disbursed and briefly discussed the proposed Moderate Rental Budget. All of which is in Exhibit II

After some brief discussion, Commissioner Horelick motioned to adopt the 2017 State Moderate Rental Budget effective January 1, 2017 as presented including a \$10 base rent increase and 1% of income charged to be implemented for July 1, 2017 and to authorize

## MINUTES

the Executive Director to endorse it and submit it to CHFA. Commissioner Dota seconded the motion. Chairperson White acknowledged the motion and its second and asked all those in favor of the motion to signify by voting aye. Voting aye were Commissioners Dota, Golebieski and Horelick. Chairperson White abstained. Chairperson White declared the motion carried.

Chairperson White introduced Resolution # 410 concerning Board approval to write off \$74.50 in Collection Loss (GL # 1123.1 for the Federal Norman Ray House CT035-000002). See Exhibit III

Commissioner Golebieski motioned to adopt Resolution # 410 concerning Board approval to write off \$74.50 in Collection Loss (GL # 1123.1 for the Federal Norman Ray House CT035-000002). Commissioner Dota seconded the motion. Chairperson White acknowledged the motion and its second and asked for a Roll Call vote which was recorded as follows:

	VOTE		
Commissioner	Yay	Nay	Abstain
Dota	X		
Golebieski	X		
Horelick	X		
White	X		

Commissioner White declared the motion carried and Resolution # 410 duly adopted.

Chairperson White introduced Resolution # 411 concerning Board approval to write off \$3,496.64 in Collection Loss (GL # 1123) for the 019 and 066 State Moderate Rental. See Exhibit IV.

Commissioner Golebieski motioned to adopt Resolution # 411 concerning Board approval to write off \$3,496.64 in Collection Loss (GL # 1123) for the 019 and 066 State Moderate Rental. Commissioner Horelick seconded the motion. Chairperson White acknowledged the motion and its second and asked for a Roll Call vote which was recorded as follows:

	VOTE		
Commissioner	Yay	Nay	Abstain
Dota	X		
Golebieski	X		
Horelick	X		
White	X		

Commissioner White declared the motion carried and Resolution # 411 duly adopted.

Chairperson White introduced Resolution # 412 concerning PHA Certifications of Compliance with the PHA Plans and Related Regulations.

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The Executive Director distributed Resolution 412, the Civil Rights Certification, Disclosure of Lobbying Activities, and Certification of Payments to Influence Federal Transactions, Statement of Significant Amendment, and the 5yr capital fund plan including 2017 Actual statement of capital fund. (See Exhibit V) He stated that these are all certifications relative to the Annual Plan and the Capital Fund.

Commissioner Golebieski motioned to adopt Resolution # 412 concerning PHA Certifications of Compliance with the PHA Plans and Related Regulations. Commissioner Dota seconded the motion. Chairperson White acknowledged the motion and its second and asked for a Roll Call vote which was recorded as follows:

	VOTE		
Commissioner	Yay	Nay	Abstain
Dota	X		
Golebieski	X		
Horelick	X		
White	X		

Commissioner White declared the motion carried and Resolution # 412 duly adopted.

Chairperson White introduced the CHRI Criminal Records Maintenance.

The Executive Director summarized the Seymour Housing Authority's screening process. He stated that there is a memorandum of agreement with the Seymour Police Department to check the National FBI data base for criminal activity and report to us if there is a possible match to our applicant. He stated if a match is found, then we ask the applicant to get his fingerprints taken at the Seymour PD and we send to the State Police Records division to see the report. The Executive Director stated that we also collect criminal records from the home town of the applicants. He commented that this is all part of the Criminal Background screening process. He reported to the Board that the State Police have just completed training on Privacy issues related to criminal history. He stated that the State Police have set up a policy and protocol that everyone who obtains criminal records must follow regarding maintenance, dissemination and disposal of records. He distributed and discussed the proposed Criminal History Record Information (CHRI) Proper Access, Use and Dissemination Procedures. (See Exhibit VI)

After some brief further discussion, Commissioner Horelick motioned to adopt the proposed CHRI Proper Access, Use and Dissemination Procedures as presented. Commissioner Golebieski seconded the motion. Chairperson White acknowledged the motion and its second and asked all those in favor of the motion to signify by voting aye. Voting aye were Commissioners Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried.

## MINUTES

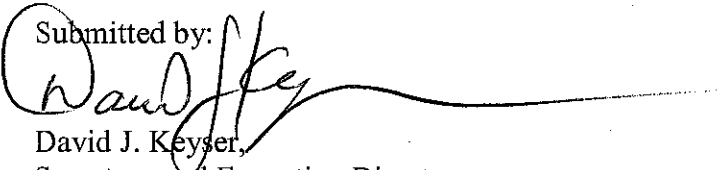
### **Any Other Business**

None

### **Adjournment**

At 6:25 P.M. Chairperson White asked for a motion to adjourn the 969th meeting of the Seymour Housing Authority. Commissioner Dota motioned to adjourn the meeting. Commissioner Golebieski seconded the motion. Chairperson White acknowledged the motion and its second and asked all those in favor of the motion to signify by voting aye. Voting aye were Commissioners Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried and the 969th Meeting, a Regular Meeting, duly adjourned.

Submitted by:

  
David J. Keyser,  
Secretary and Executive Director

Minutes  
Exhibit I

**Seymour Housing Authority  
General Ledger Cash Payment/Receipt Register  
Revolving Fund**

Filter Criteria Includes: 1) Project: Revolving Fund, 2) Payment Date: All, 3) Financial Period: November 2016, 4) Payments Over: All, 5) Check Numbers: All, 6) Cleared Period: All, 7) Check Status: All, 8) Payment Status: All, 9) Show Payments: Yes, 10) Show Deposits: No, 11) Order By: Payment/Receipt Number

Bank: Naugatuck Valley Savings & Loan, Bank Account: 0615014177, GL Account: 1000

**Posted Payments**

Doc Num	Payment Date	Voided	Type	Document Recipient	Document Description	Cleared	Amount
23	11/10/2016	No	DD	SHA PAYROLL	Payroll #23	No	\$27,441.25
24	11/23/2016	No	DD	SHA PAYROLL	Payroll #24	No	\$27,970.68
177	11/22/2016	No	CHK	VSP	Nov's Billing	No	\$62.86
8907	11/15/2016	No	CHK	Aflac Attn: Remittance Processing	Aflac - October 2016	No	\$392.26
8908	11/15/2016	No	CHK	Allen's Plumbing Supply	Plumbing Supply	No	\$30.98
8909	11/15/2016	No	CHK	American Express	Acc# 6-34000	No	\$2,581.17
8910	11/15/2016	No	CHK	American Rooter LLC	Work order# 38133, unit 3D	No	\$168.50
8911	11/15/2016	No	CHK	Androski, Mary	Legal Services - Mediation	No	\$550.00
8912	11/15/2016	No	CHK	Apicella, Testa & Company, P.C.	September 2016 - Accounting Serv	No	\$1,125.00
8913	11/15/2016	No	CHK	Aquarion Water Company	Acct# 200086443	No	\$111.58
8914	11/15/2016	No	CHK	Aquarion Water Company	Acct# 200086455	No	\$111.58
8915	11/15/2016	No	CHK	Bender Plumbing Supplies Inc.	PO# 2041	No	\$699.39
8916	11/15/2016	No	CHK	Buddy's Fuel, LLC	Work order# 38211 - Furnace repair,	No	\$336.42
8917	11/15/2016	No	CHK	Buddy's Fuel, LLC	PO# 2042 - 150 gallons, unit 2 Broth	No	\$292.50
8918	11/15/2016	No	CHK	Direct Energy Services, LLC	Acct# 02395043-742-8	No	\$2,135.26
8919	11/15/2016	No	CHK	Donald W. Smith, Jr. P.E	Engineering Cost	No	\$650.00
8920	11/15/2016	No	CHK	Europa Enterprises, LLC	Work order# 37943 - Cleaned walls	No	\$4,290.00
8921	11/15/2016	No	CHK	Eversource	Acct# 51779583004	No	\$5,580.97
8922	11/15/2016	No	CHK	Eversource	Acct# 51364104042	No	\$3,273.28
8923	11/15/2016	No	CHK	Eversource	Acct# 57750480048	No	\$1,259.69
8924	11/15/2016	No	CHK	Eversource	Acct# 51471483099	No	\$347.80
8925	11/15/2016	No	CHK	Eversource	Acct# 51118694017	No	\$51.72
8926	11/15/2016	No	CHK	Experian	Acct# TCTA-6906070	No	\$108.00
8927	11/15/2016	No	CHK	FJ Dahill Co.	Work order# 36400 - Cleaned roof a	No	\$468.00
8928	11/15/2016	No	CHK	G&K Services	Uniforms	No	\$52.09
8929	11/15/2016	No	CHK	HD Supply	Janitorial - Plumbing - Fire Safety -	No	\$642.91
8930	11/15/2016	No	CHK	Home Depot Credit Services	Work order# 38089 - Replaced toilet	No	\$125.08
8931	11/15/2016	No	CHK	Jeff's Appliance And Vacuums	Work order 38067 - Replaced back	No	\$133.94
8932	11/15/2016	No	CHK	Langan	Professional Survey Services	No	\$1,380.00
8933	11/15/2016	No	CHK	Network Synergy Systems Integra	Monthly Billing November 2016	No	\$234.00
8934	11/15/2016	No	CHK	Oxford Lumber & Building Material	Work order#38223, unit 18 1/2 Cha	No	\$127.20
8935	11/15/2016	No	CHK	Pitney Bowes Inc	Acct# 0011114482	No	\$122.38
8936	11/15/2016	No	CHK	Precision Glass LLC	PO# 1699 - unit 1 Chamberlin Road	No	\$105.00
8937	11/15/2016	No	CHK	Radovich Builders, LLP	RB - 3rd Qrt Expense	No	\$280.00
8938	11/15/2016	No	CHK	Radovich Builders, LLP	RB - 3rd Qrt Expense	No	\$390.00
8939	11/15/2016	No	CHK	Radovich Builders, LLP	Work order# 38132 - Removed Stain	No	\$1,682.00
8940	11/15/2016	No	CHK	Ryan & Ryan, LLC	Legal Services - October 2016	No	\$262.50
8941	11/15/2016	No	CHK	Seymour Janitorial Services	October 2016 Cleaning Services	No	\$2,846.00
8942	11/15/2016	No	CHK	Shell Credit Card Center	Acct# 065 093 700	No	\$193.92
8943	11/15/2016	No	CHK	Sherwin Williams	WO# 38154 - Paint Entire Unit - Unit	No	\$304.55
8944	11/15/2016	No	CHK	Sprint	Acct# 453584322	No	\$299.06
8945	11/15/2016	No	CHK	Staffworks, Inc.	Temporary Staffing	No	\$399.60
8946	11/15/2016	No	CHK	Staples Credit Plan	Staples 9.20 th - 10.18th	No	\$741.39
8947	11/15/2016	No	CHK	Ted's Lawn Care LLC	October 2016 Expenses	No	\$3,325.00
8948	11/15/2016	No	CHK	Valley Electric Supply Company	Work order# 38120 - replaced flores	No	\$141.77
8949	11/15/2016	No	CHK	Watson!	Software Maintenance	No	\$142.50
8950	11/23/2016	No	CHK	Robert Lashin	RH Unit # 16	No	\$550.00

Inventory  
Exhibit I

**Seymour Housing Authority  
General Ledger Cash Payment/Receipt Register  
Revolving Fund**

Filter Criteria Includes: 1) Project: Revolving Fund, 2) Payment Date: All, 3) Financial Period: November 2016, 4) Payments Over: All, 5) Check Numbers: All, 6) Cleared Period: All, 7) Check Status: All, 8) Payment Status: All, 9) Show Payments: Yes, 10) Show Deposits: No, 11) Order By: Payment/Receipt Number

**Bank: Naugatuck Valley Savings & Loan, Bank Account: 0615014177, GL Account: 1000**

**Posted Payments**

<u>Doc Num</u>	<u>Payment Date</u>	<u>Voided</u>	<u>Type</u>	<u>Document Recipient</u>	<u>Document Description</u>	<u>Cleared</u>	<u>Amount</u>
8951	11/23/2016	No	CHK	Westervelt, Patricia	2 Brothers Court	No	\$260.00
8952	11/28/2016	No	CHK	Aetna	Dec's Billing	No	\$3,051.40
8953	11/28/2016	No	CHK	Anthem Dental	December's Billing	No	\$808.03
8954	11/28/2016	No	CHK	Connecticut Housing Finance Aut	Project# 96089D / Dec's Billing	No	\$462.02
8955	11/28/2016	No	CHK	Lincoln National Life Insurance C	December's Billing	No	\$355.00

minutes  
Exhibit I

**Seymour Housing Authority**  
**General Ledger Cash Payment/Receipt Register**  
**Smithfield Gardens**

Filter Criteria Includes: 1) Project: 014 - Smithfield Gardens Assisted Living, 2) Payment Date: All, 3) Financial Period: November 2016, 4) Payments Over: All, 5) Check Numbers: All, 6) Cleared Period: All, 7) Check Status: All, 8) Payment Status: All, 9) Show Payments: Yes, 10) Show Deposits: No, 11) Order By: Payment/Receipt Number

**Bank: Naugatuck Valley Savings & Loan, Bank Account: 615009087, GL Account: 1120**

**Posted Payments**

<u>Doc Num</u>	<u>Payment Date</u>	<u>Voided</u>	<u>Type</u>	<u>Document Recipient</u>	<u>Document Description</u>	<u>Cleared</u>	<u>Amount</u>
4266	11/01/2016	No	CHK	Fitz Vogt & Associates, LTD	Sept.'s Service	No	\$30,722.75
4267	11/03/2016	No	CHK	McDade, Sandra	PH AP Payment Nov 16	No	\$417.41
4268	11/04/2016	No	CHK	Seymour Housing Authority	SG Reimb	No	\$24,000.00
4269	11/08/2016	No	CHK	NDC Housing & Development	July - Sept. 2016 Asset Mgt Fee	No	\$1,008.00
4270	11/15/2016	No	CHK	Aquarion Water Company Of CT	Acc# 200204664	No	\$689.44
4271	11/15/2016	No	CHK	Clear Water	Serv. 10.15th - 11.15th	No	\$145.84
4272	11/15/2016	No	CHK	Comcast	Acc# 8773 40 216 0069536	No	\$55.95
4273	11/15/2016	No	CHK	Comcast	Acc# 8773 40 216 0069510	No	\$1,128.18
4274	11/15/2016	No	CHK	Donald W. Smith, Jr. P.E	Sidewalk Repair/Replacement	No	\$776.00
4275	11/15/2016	No	CHK	Eversource	Acc# 57669970055	No	\$1,850.38
4276	11/15/2016	No	CHK	Eversource	Acc# 51083234013	No	\$2,664.60
4277	11/15/2016	No	CHK	Fitz Vogt & Associates, LTD	October's Billing	No	\$30,376.58
4278	11/15/2016	No	CHK	Frontier	Acc# 203-888-5093-092806-5	No	\$364.72
4279	11/15/2016	No	CHK	HD Supply	Janitorial Supplies	No	\$408.73
4280	11/15/2016	No	CHK	Mark Lanzieri	One Hr. Performance 11.18th	No	\$200.00
4281	11/15/2016	No	CHK	Smart Music	Columbus Day Music	No	\$100.00
4282	11/15/2016	No	CHK	Seymour Housing Authority	Partial Reimb	No	\$18,000.00



Minor  
Exhibit I

**Seymour Housing Authority  
General Ledger Cash Payment/Receipt Register  
Federal**

Filter Criteria Includes: 1) Project: All, 2) Payment Date: All, 3) Financial Period: November 2016, 4) Payments Over: All, 5) Check Numbers: All, 6) Cleared Period: All, 7) Check Status: All, 8) Payment Status: All, 9) Show Payments: Yes, 10) Show Deposits: No, 11) Order By: Payment/Receipt Number

**Bank: TD Banknorth, Bank Account: 424-0200579, GL Account: 1111.4**

**Posted Payments**

<u>Doc Num</u>	<u>Payment Date</u>	<u>Voided</u>	<u>Type</u>	<u>Document Recipient</u>	<u>Document Description</u>	<u>Cleared</u>	<u>Amount</u>
1934	11/04/2016	Yes	CHK	Seymour Housing Authority	Ck# 1934 void	No	\$1.00
1934	11/04/2016	No	VD	Seymour Housing Authority	Wrong amount	No	(\$1.00)
1935	11/04/2016	No	CHK	Seymour Housing Authority	Ck# 1934 void	No	\$31,867.37
1936	11/04/2016	No	CHK	Seymour Housing Authority	RH Reimb	No	\$7,810.65
1937	11/15/2016	No	CHK	Seymour Housing Authority	Cal Reimb	No	\$17,833.38
1938	11/15/2016	No	CHK	Seymour Housing Authority	RH Reimb	No	\$6,796.95

**Seymour Housing Authority  
General Ledger Cash Payment/Receipt Register  
Moderate Rental**

Filter Criteria Includes: 1) Project: All, 2) Payment Date: All, 3) Financial Period: November 2016, 4) Payments Over: All, 5) Check Numbers: All, 6) Cleared Period: All, 7) Check Status: All, 8) Payment Status: All, 9) Show Payments: Yes, 10) Show Deposits: No, 11) Order By: Payment/Receipt Number

**Bank: TD Banknorth, Bank Account: 12345, GL Account: 1111.2**

**Posted Payments**

<u>Doc Num</u>	<u>Payment Date</u>	<u>Voided</u>	<u>Type</u>	<u>Document Recipient</u>	<u>Document Description</u>	<u>Cleared</u>	<u>Amount</u>
1751	11/10/2016	No	CHK	Ford Motor Credit Company	3rd Payment for New White Van	No	\$574.87
1752	11/15/2016	No	CHK	Seymour Housing Authority	MR Reimb	No	\$13,579.13
1753	11/18/2016	No	CHK	Seymour Housing Authority	Partial Early Reimb	No	\$10,000.00

**Seymour Housing Authority  
General Ledger Cash Payment/Receipt Register  
SHA Development Corporation**

Filter Criteria Includes: 1) Project: SHA Development Corporation, 2) Payment Date: All, 3) Financial Period: November 2016, 4) Payments Over: All, 5) Check Numbers: All, 6) Cleared Period: All, 7) Check Status: All, 8) Payment Status: All, 9) Show Payments: Yes, 10) Show Deposits: No, 11) Order By: Payment/Receipt Number

**Bank: TD Banknorth, Bank Account: 12345, GL Account: 1000**

**Posted Payments**

<u>Doc Num</u>	<u>Payment Date</u>	<u>Voided</u>	<u>Type</u>	<u>Document Recipient</u>	<u>Document Description</u>	<u>Cleared</u>	<u>Amount</u>
291	11/15/2016	No	CHK	Aquarion Water Company	Acc# 200340760	No	\$11.53
292	11/15/2016	No	CHK	Seymour Water Pollution Control	Usage Period 10.1.16 - 4.1.17	No	\$106.86

#SEYM Seymour Housing Authority

minor  
Exhibit I

Cover Letter (S193)	
Check Date :	11/10/2016-1
Period Range :	10/24/2016 TO 11/06/2016
Week Number :	Week #45

Dear Human Resource Consulting Group Client,

Please note the Federal Reserve requires a minimum of 48 hours for ACH processing. If your process date is less then 48 hours from your check date your direct deposits may not hit on the check date. Please contact your payroll representative with any questions.

All tax rate changes and tax deposit frequency changes will be sent to directly to you from the tax agencies. Please remember to notify us of any changes you received.

- Your friends at HRCG

**Payroll Totals:**

**# Checks**

Total Regular Checks	1	21.86
Total Direct Deposits	28	18772.09
Total Manual Checks	0	0.00
Total 3rd Party Checks	0	0.00
Total Void Checks	0	0.00
Total COBRA Checks	0	0.00
<b>Total Net Payroll</b>	<b>22 Items</b>	<b>18793.95</b>

Total Billing Impound		125.89
Total Agency Checks	1	31.66
Total Agency Checks DD	3	280.00
Total Agency Checks Void	0	0.00
Total Tax Deposit Checks	Tax deposit to be made by Human Resource Consulting Group	

**Sum of Checks** **19231.50**

<b>Total of Checks Printed</b>	<b>26 Items</b>	
Total Tax Liability		8209.75
Total Workers Comp Liability		0.00

**Total Payroll Liability** **27441.25**

Total Direct Deposits 19052.09

**Total Debited From Account** **27441.25**

**NEXT PERIOD DATES**

Check Date: 11/23/2016 Week 47  
Period Begin: 11/07/2016  
Period End: 11/20/2016  
Call In Date: 11/18/2016 Week 47

**Payroll rep: Sorrentino George**

## #SEYM Seymour Housing Authority

minutes  
Exhibit I

## Tax Report For Payroll (S247)

Check Date :	11/10/2016-1
Period Range :	10/24/2016 TO 11/06/2016
Week Number :	Week #45

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Federal Taxes						
Federal	-----	060687649	25,080.02	3,188.92	22	Semi-Weekly
EE OASDI	0.062000	060687649	25,593.88	1,586.84	22	Semi-Weekly
EE Medicare	0.014500	060687649	25,593.88	371.11	22	Semi-Weekly
ER OASDI	0.062000	060687649	25,593.88	1,586.84	22	Semi-Weekly
ER Medicare	0.014500	060687649	25,593.88	371.11	22	Semi-Weekly
COBRA Credit	-----	060687649	-----		22	Semi-Weekly
Total 941 Liabilities without COBRA				7,104.82		
Total 941 Liabilities with COBRA				7,104.82		
ER FUI	0.006000	060687649	0.00		22	Quarterly
Total Federal Taxes				7,104.82		
State Withholding						
CT State Withholding		6613871-000	25,080.02	939.13	22	Weekly CT
Total State Withholding				939.13		
Employer SUI Withholding						
CT-SUI	0.035000	91-378-04	4,736.86	165.80	22	Quarterly
Total Employer SUI				165.80		
Total Employee Taxes				6,086.00		
Total Employer Taxes without COBRA				2,123.75		
Total Tax Liability without COBRA				8,209.75		
Total Tax Liability with COBRA				8,209.75		
Regular checks				21.86		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				19,052.09		
Total Net Payroll				19,073.95		
Agency Checks				31.66		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				125.89		
Total Workers Comp				0.00		
Total Payroll Liability				27,441.25		
Tax Deposit Checks		Tax deposit to be made by Human Resource Consulting Group				
Tax Deposit Checks Void		Tax deposit to be made by Human Resource Consulting Group				
Total Check/Direct Deposits				19,231.50		
Total Direct Deposits				19,052.09		
Total Amount Debited from your Account before Credit applied				27,441.25		
Total Amount Debited from your Account after Credit applied				27,441.25		

#SEYM Seymour Housing Authority

minutes  
Exhibit I

Cover Letter (S193)	
Check Date :	11/23/2016-1
Period Range :	02/07/2016 TO 11/20/2016
Week Number :	Week #47

Dear Human Resource Consulting Group Client,

Please note the Federal Reserve requires a minimum of 48 hours for ACH processing. If your process date is less than 48 hours from your check date your direct deposits may not hit on the check date. Please contact your payroll representative with any questions.

All tax rate changes and tax deposit frequency changes will be sent to directly to you from the tax agencies. Please remember to notify us of any changes you received.

- Your friends at HRCG

**Payroll Totals:**

**# Checks**

Total Regular Checks	0	0.00
Total Direct Deposits	28	18868.77
Total Manual Checks	0	0.00
Total 3rd Party Checks	0	0.00
Total Void Checks	0	0.00
Total COBRA Checks	0	0.00
<b>Total Net Payroll</b>	<b>21 Items</b>	<b>18868.77</b>

Total Billing Impound		696.78
Total Agency Checks	1	31.66
Total Agency Checks DD	3	180.00
Total Agency Checks Void	0	0.00
Total Tax Deposit Checks	Tax deposit to be made by Human Resource Consulting Group	

**Sum of Checks** **19777.21**

**Total of Checks Printed** **25 Items**

Total Tax Liability	8193.47
Total Workers Comp Liability	0.00

**Total Payroll Liability** **27970.68**

Total Direct Deposits 19048.77

**Total Debited From Account** **27970.68**

**NEXT PERIOD DATES**

Check Date: 12/08/2016 Week 49  
Period Begin: 11/21/2016  
Period End: 12/04/2016  
Call In Date: 12/05/2016 Week 49

**Payroll rep: Sorrentino George**

## #SEYM Seymour Housing Authority

Minute  
Exhibit I

## Tax Report For Payroll (S247)

Check Date : 11/23/2016-1

Period Range : 02/07/2016 TO 11/20/2016

Week Number : Week #47

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Federal Taxes						
Federal		060687649	25,170.34	3,208.71	21	Semi-Weekly
EE OASDI	0.062000	060687649	25,689.30	1,592.70	21	Semi-Weekly
EE Medicare	0.014500	060687649	25,689.30	372.51	21	Semi-Weekly
ER OASDI	0.062000	060687649	25,689.30	1,592.70	21	Semi-Weekly
ER Medicare	0.014500	060687649	25,689.30	372.51	21	Semi-Weekly
COBRA Credit		060687649			21	Semi-Weekly
Total 941 Liabilities without COBRA				7,139.13		
Total 941 Liabilities with COBRA				7,139.13		
ER FUI	0.006000	060687649	0.00		21	Quarterly
Total Federal Taxes				7,139.13		
State Withholding						
CT State Withholding		6613871-000	25,170.34	927.58	21	Weekly CT
Total State Withholding				927.58		
Employer SUI Withholding						
CT-SUI	0.035000	91-378-04	3,621.75	126.76	21	Quarterly
Total Employer SUI				126.76		
Total Employee Taxes				6,101.50		
Total Employer Taxes without COBRA				2,091.97		
Total Tax Liability without COBRA				8,193.47		
Total Tax Liability with COBRA				8,193.47		
Regular checks				0.00		
Manual checks				0.00		
3rd Party Checks				0.00		
Void Checks				0.00		
Direct Deposit Checks				19,048.77		
Total Net Payroll				19,048.77		
Agency Checks				31.66		
Agency Checks DD				0.00		
Agency Checks Void				0.00		
Billing Impound				696.78		
Total Workers Comp				0.00		
Total Payroll Liability				27,970.68		
Tax Deposit Checks		Tax deposit to be made by Human Resource Consulting Group				
Tax Deposit Checks Void		Tax deposit to be made by Human Resource Consulting Group				
Total Check/Direct Deposits				19,777.21		
Total Direct Deposits				19,048.77		
Total Amount Debited from your Account before Credit applied				27,970.68		
Total Amount Debited from your Account after Credit applied				27,970.68		

Minutes  
Exhibit II

HOUSING AUTHORITY OF THE TOWN OF SEYMOUR  
PROJECT - SMITH ACRES, SMITH ACRES EXT, CASTLE HEIGHTS, HOFMANN HEIGHTS  
BUDGET FOR THE YEAR ENDING DECEMBER 31,

	2015 ACTUAL OPERATING	2016 ANNUALIZED OPERATING	2016 APPROVED BUDGET	2017 PROPOSED BUDGET Current Rent	2017 PROPOSED BUDGET +\$10 Base +1% Eff 7/1/17
<b>INCOME</b>					
3100 RENTAL INCOME - BASE	435,828	435,828	440,688	440,688	450,408
3100 RENTAL INCOME - EXCESS OF BASE	50,439	49,134	42,389	69,688	72,962
3210 DWELLING VACANCY LOSS	(3,363)	(3,366)	(5,000)	(5,000)	(5,000)
NET RENTAL INCOME	482,904	481,596	478,077	505,376	518,370
3510 SALES AND SERVICES TO TENANTS	2,395	2,160	3,500	3,000	3,000
3610 INTEREST INCOME	127	102	100	100	100
3620 OTHER INCOME	35,503	30,530	36,632	36,632	36,632
TOTAL INCOME	520,929	514,388	518,309	545,108	558,102
<b>EXPENSES</b>					
4120 SALARIES - OFFICE	115,000	110,032	110,681	124,787	124,787
4120 COMPENSATED ABSENCES	3,911	5,206	5,546	6,286	6,286
4130 LEGAL	7,144	8,413	9,526	9,215	9,215
4131 ACCOUNTING FEES	8,236	6,097	8,000	8,500	8,500
4151 OFFICE SUPPLIES	6,756	5,146	6,367	7,344	7,344
4152 RENTS	20,900	20,900	20,900	20,900	20,900
4153 TRAVEL	2,269	784	2,861	630	630
4159 OTHER OFFICE EXPENSE	24,729	25,104	24,224	30,028	30,028
4160 PENSIONS AND OTHER FUNDS	36,549	40,810	37,245	43,426	43,426
4161 PAYROLL TAXES	12,735	13,493	12,740	14,287	14,287
TOTAL MANAGEMENT EXPENSES	238,229	235,984	238,089	265,404	265,404
4310 WATER	112	(30)	400	400	400
4320 ELECTRICITY	1,682	1,604	1,500	1,500	1,500
4340 FUEL	(1,276)	(1,432)	1,500	1,500	1,500
TOTAL UTILITY EXPENSE	518	142	3,400	3,400	3,400
4410 MAINTENANCE WAGES	34,227	33,017	34,302	39,557	39,557
4420 MATERIALS AND SUPPLIES	19,404	13,935	17,600	18,000	18,000
4430 CONTRACTUAL SERVICES	129,695	130,061	122,900	124,200	124,200
4440 MAINTENANCE SHOP AND EQUIPMENT EXPENSE	0	0	0	0	0
TOTAL MAINTENANCE EXPENSE	183,326	177,013	174,802	181,757	181,757
4711 INSURANCE	24,479	26,820	27,285	31,317	31,317
4717 INTEREST & PRINCIPAL PAYMENTS	25,419	25,419	20,450	5,544	5,544
4715 PAYMENT IN LIEU OF TAXES ( 25% / 100% )	0	0	11,887	21,864	25,749
TOTAL OTHER EXPENSE	49,898	52,239	59,602	58,726	62,610
4810 PROVISION FOR REPAIRS AND REPL	40,496	40,496	34,416	27,821	36,931
4820 PROVISION FOR VACANCY AND COLL LOSS	8,904	8,000	8,000	8,000	8,000
TOTAL PROVISIONS	49,400	48,496	42,416	35,821	44,931
6100 EXTRAORDINARY (INCOME) EXPENSE	0	(0)	0	0	0
TOTAL EXPENSES	521,371	513,874	518,309	545,108	558,102
NET SURPLUS/(DEFICIT) FOR PERIOD	(442)	514	0	0	0
PROVISION PER UNIT MONTH	41	42	35	29	38

Minutes  
Exhibit II

# HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET  
SEYMOUR, CONNECTICUT - 06483



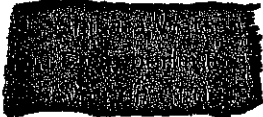
TELEPHONE (203) 888-4679

FAX (203) 888-2096

E-MAIL [admin@seymourhousing.org](mailto:admin@seymourhousing.org)

TDD (203) 888-2942

October 18, 2016



Dear Moderate Rental Resident:

This correspondence is to inform you that the Seymour Housing Authority is proposing a Base Rent increase of \$10.00 per unit per month to begin July 1, 2017. The Seymour Housing Authority is also proposing an increase in the percentage of rent charge from 28% to 29%. If you are paying an amount less than the proposed base rent for July 1, 2017, then you will pay that amount beginning July 1, 2017.

If you are now paying the base rent, your rent will be affected as follows:

Unit Type	Prior Base Rent	Proposed Base Rent
4 Room Single	\$450.00 / Month	\$460.00 / Month
5 Room Single	\$457.00 / Month	\$467.00 / Month
4 Room Duplex	\$444.00 / Month	\$454.00 / Month
5 Room Duplex	\$460.00 / Month	\$470.00 / Month


## Hofmann Heights

4 Room Row Style	\$510.00 / Month	\$520.00 / Month
5 Room Single	\$520.00 / Month	\$530.00 / Month

Please be informed that you may submit written comments to the Seymour Housing Authority until Friday, November 18, 2016. I have also scheduled a public hearing to be held in the community room at the Rev. Callahan House located at 32 Smith Street on Tuesday, November 22, 2016 at 5:30 P.M. to discuss the proposed changes. I will record any comments made at that time in addition to any written comments you may wish to make. These comments will be returned to the Board of Commissioners for review.

You may review the proposed management plans and any other documents such as the financial statements upon request. Please give the Authority a reasonable amount of time to respond.

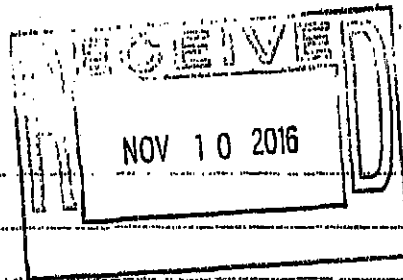
Sincerely,

  
David J Keyser, PHM/CCCP  
Executive Director

Brenda A. White - Chairperson/Tenant Commissioner  
Susan Horelick - Vice Chairperson  
Virginia Dota - Treasurer/Tenant Commissioner  
Dominick Bellucci - Assistant Treasurer/Tenant Commissioner  
Rebecca L. Golebieski - Commissioner

David J. Keyser, PHM  
Executive Director  
and Secretary

Minutes  
Exhibit II



Seymour Housing  
Re: Rent Increase

To Whom it may Concern,

Since my Income has not increased last year, and I am not encouraged to think it will go up this year, If it does, I understand it will be minimal.

I would find it a hardship to incur an increase in July. The rental assistance check I was also less this year, which to me is a sign things are not well.

I am waiting to hear from Social Security regarding my yearly Income.

Detnah Cahif  
2 Chambers Rd  
Seymour, Ct 06485

203-888-0209

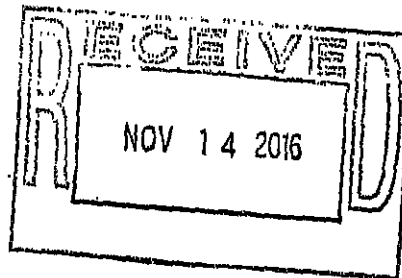


minutes  
Exhibit II

Susan S. Arcano  
7 Seymour Ave  
Seymour, CT 06483

November 9, 2016

Seymour Housing Authority  
Attn: David Keyser  
28 Smith Street  
Seymour, CT 06483



RE: Base Rent Increase

Dear Mr. Keyser:

I am in receipt of your letter dated October 18, 2016, regarding the base rental increase. I will not be able to attend the meeting on November 22, 2016, but I wanted to express my opinion and ask a question or two.

As I am already paying more than the base rent described in your letter, will I again be charged the \$10.00 increase?

Last year's increase of \$80.00 a month, while not totally unreasonable, put me in the position of not being able to afford lawn maintenance (weeding, mowing and leaf removal). I have had to struggle with paying for these services since the last two increases (February & July of 2016). I'm wondering if others are having the same troubles and if the Housing Authority has any intention of helping people out with this. I cannot be the only one who is having this problem.

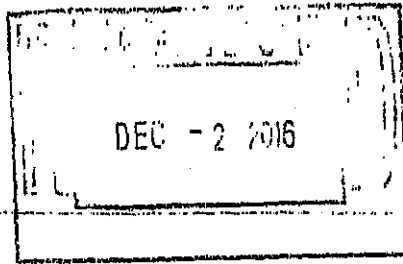
Instead of having the lawn mowed every two weeks, I pushed it to once every three weeks or monthly (aggravating the guy who does the mowing). As far as leaf removal, he wanted to charge me \$200.00 to do the leaves. I don't have \$200 for leaf removal; I have \$200 budgeted for oil. And the scales are definitely tipping towards OIL.

Do you have any suggestions as to how to alleviate this problem? Does the Housing Authority have a contract with any lawn service company to handle problems like this? Do you have a list of local vendors or handymen that you work with who may be able to provide a discount?

I hope that you have attendance at the meeting this time and that it is a productive meeting. Please do let me know what was discussed.

Sincerely,

Susan S. Arcano



Dec 1, 2016

To Housing Authority;

Att Mr Dave Keyser,

I am writing to you about the letter we received about going up on our rent. From 28% to 29% there are a lot of people as well as me that lives on a fix income. we cannot afford this rise. We pay to much already. Every year they go up ten dollars and then we have so many fees we pay. People have not even gotten rises in there pay for years!

we pay water bill with the rent!

a lot of fees for the lights!

We pay fees for cable as well as given to people for 5 dollars a moth cable! we pay for that out of our bill! (not fair)

some people have to pay to do the leaves and snow because they cant do it! I would be homeless if this continue as well

as others. I dont get Food stamps! But I am upset about Refuge's coming to Connecticut and getting Everything free! Rent, Food Ect, Ect. I worked all my life since 16 years old and we need help.  
Mrs Cindy Brown

Minutes  
Exhibit III

# HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET  
SEYMOUR, CONNECTICUT - 06483



TELEPHONE (203) 888-4579  
FAX (203) 888-2096  
E-MAIL [admin@seymourhousing.org](mailto:admin@seymourhousing.org)  
TDD (203) 888-2942

## Resolution # 410

A resolution concerning Board approval to write off \$74.50 in Collection Loss (GL # 1123.1) for the Federal Norman Ray House CT035-000002

---

Whereas, the Seymour Housing Authority has exhausted all reasonable legal measures of collection to satisfy these outstanding balances, and

Whereas, the balance being requested to be written off as follow:

Tenant	Former Address	Balance	Date of Vacate
Tammy Brubeck	133 Walnut St. Apt. # 37	\$74.50	6/3/2016

Now Therefore, Be it Resolved that the Board of Commissioners approve of the proposed write off of the total balance of \$74.50 in Collection Loss.

\_\_\_\_\_  
Brenda A. White – Chairperson

(SEAL)

\_\_\_\_\_  
Date

Brenda A. White - *Chairperson/Tenant Commissioner*  
Susan Horelick - *Vice Chairperson*  
Virginia Dota - *Treasurer/Tenant Commissioner*  
Dominick Bellucci - *Assistant Treasurer/Tenant Commissioner*  
Rebecca L. Golebieski - *Commissioner*

David J. Keyser, PHM  
*Executive Director  
and Secretary*



*An Equal Opportunity Employer*



Minutes  
Exhibit IV

# HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET  
SEYMOUR, CONNECTICUT - 06483



TELEPHONE (203) 888-4579  
FAX (203) 888-2096  
E-MAIL admin@seymourhousing.org  
TDD (203) 888-2942

## Resolution # 411

A resolution concerning Board approval to write off \$3,496.64 in Collection Loss (GL # 1123) for the 019 and 066 State Moderate Rental.

Whereas, the Seymour Housing Authority has exhausted all reasonable legal measures of collection to satisfy these outstanding balances, and

Whereas, the balance being requested to be written off as follow:

Tenant	Former Address	Balance	Date of Vacate
<u>019 – Moderate Rental</u>			
Monique Gebeau	1 Chamberlin Rd	\$2,019.23	2/29/2016
Jacqueline Rosado	4 Chamberlin Rd	\$166.76	6/24/2016
<u>066 – State Moderate Rental</u>			
Sharene Algarin	6 Brothers Court	\$649.75	10/31/2015
Tanya Roman	2 Brothers Court	\$660.90	10/12/2016

Now Therefore, Be it Resolved that the Board of Commissioners approve of the proposed write off of the total balance of \$3,496.64 in Collection Loss.

\_\_\_\_\_  
Brenda A. White – Chairperson

(SEAL)

\_\_\_\_\_  
Date

Brenda A. White - *Chairperson/Tenant Commissioner*  
Susan Horelick - *Vice Chairperson*  
Virginia Dota - *Treasurer/Tenant Commissioner*  
Dominick Bellucci - *Assistant Treasurer/Tenant Commissioner*  
Rebecca L. Golebieski - *Commissioner*

David J. Keyser, PHM  
*Executive Director  
and Secretary*



An Equal Opportunity Employer



minutes  
Exhibit IV  
Resolution # 412

**Certification of Compliance with  
PHA Plans and Related Regulations  
(Small PHAs)**

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

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 1/1/2017, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (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 certifies that the following policies, programs, and plan components have been revised since submission of its last Annual PHA Plan (check all policies, programs, and components that have been changed):
  - ☒ 903.7a Housing Needs
  - ☐ 903.7b Deconcentration and Other Policies Governing Eligibility, Selection, Occupancy, and Admissions Policies
  - ☐ 903.7c Financial Resources
  - ☐ 903.7d Rent Determination Policies
  - ☐ 903.7h Demolition and Disposition
  - ☐ 903.7k Homeownership Programs
  - ☒ 903.7r Additional Information
    - ☒ A. Progress in meeting 5-year mission and goals
    - ☒ B. Criteria for substantial deviation and significant amendments
    - ☒ C. Other information requested by HUD
      - ☒ 1. Resident Advisory Board consultation process
      - ☒ 2. Membership of Resident Advisory Board
      - ☒ 3. Resident membership on PHA governing board

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 Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
  7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identifying any impediments to fair housing choice within those programs, addressing those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and by maintaining records reflecting these analyses and actions.
  8. For a PHA Plan that includes a policy for site based waiting lists:
    - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2010-25);

- The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting lists 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 waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
  10. 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.
  11. 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.
  12. 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.
  13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
  14. 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.
  15. 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.
  16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
  17. 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.
  18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
  19. 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.
  20. 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.
  21. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_

Annual PHA Plan for Fiscal Year 20\_\_

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

Name of Authorized Official  
Brenda A. White

Title Chairperson

Signature

Date 12/7/2016

Minutes  
Exhibit II

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

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

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

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing by examining their programs or proposed programs, identifying any impediments to fair housing choice within those program, addressing those impediments in a reasonable fashion in view of the resources available and working with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and by maintaining records reflecting these analyses and actions.

Seymour Housing Authority

PHA Name

CT035

PHA Number/HA Code

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

Name of Authorized Official

Brenda A. White

Title

Chairperson

Signature

Date 12/7/2017

# DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c Dist. 3	<b>5. If Reporting Entity In No. 4 is a Subawardee, Enter Name and Address of Prime:</b> Seymour Housing Authority 28 Smith Street Seymour, CT 06483  Congressional District, if known: Dist 3	
<b>6. Federal Department/Agency:</b> U.S. Department of HUD	<b>7. Federal Program Name/Description:</b> Operating Fund  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): National Assoc. of Housing & Redevelopment Officials 630 Eye Street, NW, Washington DC 20001	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	<b>Signature:</b> _____ <b>Print Name:</b> Brenda A. White <b>Title:</b> Chairperson <b>Telephone No.:</b> 203-888-4579 <b>Date:</b> 12/7/2016	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



# Certification of Payments to Influence Federal Transactions

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

Ministry  
Exhibit IV

Applicant Name

Seymour Housing Authority

Program/Activity Receiving Federal Grant Funding

Operating Fund CT035000001 & CT035000002

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

Brenda A. White

Title

Chairperson

Signature

Date (mm/dd/yyyy)

12/7/2017

minutes  
Exhibit V

# HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET  
SEYMOUR, CONNECTICUT - 06483



TELEPHONE (203) 888-4579  
FAX (203) 888-2096  
E-MAIL [admin@seymourhousing.org](mailto:admin@seymourhousing.org)  
TDD (203) 888-2942

December 7, 2016

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Hartford Field Office  
One Corporate Center  
20 Church Street, 10th Floor  
Hartford, CT 06103-3220

## Statement of Significant Amendment/Modification

The criteria that the Seymour Housing Authority will use for determining a significant amendment or modification to the CFP 5-Year Action Plan is as follows:

Any proposal for demolition, disposition, homeownership, capital fund financing, development, or mixed finance will be considered by the Seymour Housing Authority to be a significant amendment to the CFP 5-Year Action Plan.

Signed by:

\_\_\_\_\_  
David J. Keyser, BA, PHM, C<sup>5</sup>P  
Executive Director

Brenda A. White - *Chairperson/Tenant Commissioner*  
Susan Horelick - *Vice Chairperson*  
Virginia Dota - *Treasurer/Tenant Commissioner*  
Dominick Bellucci - *Assistant Treasurer/Tenant Commissioner*  
Rebecca L. Golebieski - *Commissioner*

David J. Keyser, PHM  
*Executive Director  
and Secretary*



An Equal Opportunity Employer



**PART I: SUMMARY**

PHA Name/Number		Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2017	Work Statement for Year 2 FFY 2018	Work Statement for Year 3 FFY 2019	Work Statement for Year 4 FFY 2020	Work Statement for Year 5 FFY 2021
<b>B</b>	Physical Improvements Subtotal	Annual Statement	\$83,202	\$84,000	\$82,000	\$84,000
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
<b>E</b>	<b>ADMINISTRATION</b>		\$2,000	\$1,000	\$3,000	\$1,000
F.	Other		\$7,000	\$7,000	\$7,000	\$7,000
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing – Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$92,202	\$92,000	\$92,000	\$92,000
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$92,202	\$92,000	\$92,000	\$92,000

Minutes  
Exhibit A

[illegible]

Minute  
Exhibits II

## **Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY	Work Statement for Year 2020 FFY			Work Statement for Year: 2021 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	CT035000001 Ceiling Replace Labor	6	44,000			
				CT035000001 Ceiling Replacement		44,000
	CT035000002 Clean/Paint Seal Coat		40,000	CT035000002 Cycle Paint	10	10,000
				CT035000002 Replace Electric Hot Water Heater with Gas Unit		30,000
	Architecture & Engineering	1	7,000	Architecture & Engineering	1	7,000
	Administrative	1	1,000	Administrative	1	1,000
	Subtotal of Estimated Cost		92,000	Subtotal of Estimated Cost		92,000

Minut &  
Exhibit D

<b>PART I: SUMMARY</b>						
PHA Name/Number		Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2017	Work Statement for Year 2 FFY 2018	Work Statement for Year 3 FFY 2019	Work Statement for Year 4 FFY 2020	Work Statement for Year 5 FFY 2021
B	Physical Improvements Subtotal		\$83,202	\$84,000	\$82,000	\$84,000
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
E	ADMINISTRATION		\$2,000	\$1,000	\$3,000	\$1,000
F.	Other		\$7,000	\$7,000	\$7,000	\$7,000
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing – Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$92,202	\$92,000	\$92,000	\$92,000
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$92,202	\$92,000	\$92,000	\$92,000

Minter  
Exhibit D

## **Part II: Supporting Pages – Physical Needs Work Statement(s)**

<b>Work Statement for Year 1 FFY 2014</b>	<b>Work Statement for Year: 2018 FFY</b>			<b>Work Statement for Year: 2019 FFY</b>		
	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
	CT035000001 Ceiling Replace/Asbestos removal	6	44,000	CT035000001 Install 2 <sup>nd</sup> Floor Automatic Door Opener	80	6,000
	CT035000002 Brick Resurfacing	40	40,000			
				CT035000001 Roof Lighting Replace	80	25,500
				CT035000002 Roof Lighting Replace	40	32,500
	Architecture & Engineering	1	7,000	CT035000001Cycle Paint	10	10,000
	Administrative	1	1,000	CT035000002 Cycle Paint	10	10,000
				Architecture & Engineering		7,000
				Administrative		1,000
	<b>Subtotal of Estimated Cost</b>		\$92,00	<b>Subtotal of Estimated Cost</b>		\$92,000

11/25/2019

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY	Work Statement for Year 2020 FFY			Work Statement for Year: 2021 FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	CT035000001 Ceiling Replace Labor	6	44,000			
				CT035000001 Ceiling Replacement		44,000
	CT035000002 Clean/Paint Seal Coat		40,000	CT035000002 Cycle Paint	10	10,000
				CT035000002 Replace Electric Hot Water Heater with Gas Unit		30,000
	Architecture & Engineering	1	7,000	Architecture & Engineering	1	7,000
	Administrative	1	1,000	Administrative	1	1,000
	Subtotal of Estimated Cost		92,000	Subtotal of Estimated Cost		92,000

Minutes  
Exhibit D



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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 8/31/2011

<b>Part I: Summary</b>					
PHA Name: Seymour Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26P0355117 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2017 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$1,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$7,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$72,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$6,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$92,000	\$ 0.00	\$ 0.00	\$ 0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 12/7/2016	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

minutes exhibit D

## Annual Statement/Performance and Evaluation Report

## Capital Fund Financing Program

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

OMB No. 2577-0226

**Expires 8/31/2011**

## Part II: Supporting Pages

### Grant Type and Number

CFFP (Yes/ No):

Replacement Housing Factor Grant No:

**Federal FFY of Grant: 2017**[illegible]

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

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

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 8/31/2011**

[illegible]

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

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 8/31/2011**

PHA Name: Seymour Housing Authority

### Reasons for Revised Target Dates

[illegible]

Exhibit II

## **Criminal History Record Information (CHRI) Proper Access, Use and Dissemination Procedures**

### **Purpose**

The intent of the following policies is to ensure the protection of the Criminal Justice Information (CJI) and its subset of Criminal History Record Information (CHRI) until such time as the information is purged or destroyed in accordance with applicable record retention rules.

The following policies were developed using the FBI's Criminal Justice Information Services (CJIS) Security Policy. The Seymour Housing Authority may complement this policy with a local policy; however, the CJIS Security Policy shall always be the minimum standard. The local policy may augment, or increase the standards, but shall not detract from the CJIS Security Policy standards.

### **Scope**

The scope of this policy applies to any electronic or physical media containing FBI CJI while being stored, accessed or physically moved from a secure location from the Seymour Housing Authority. In addition, this policy applies to any authorized person who accesses, stores, and/or transports electronic or physical media.

### **Criminal Justice Information (CJI) and Criminal History Record Information (CHRI)**

CJI is the term used to refer to all of the FBI CJIS provided data necessary for law enforcement and civil agencies to perform their missions including, but not limited to biometric, identity history, biographic, property, and case/incident history data.

CHRI, is a subset of CJI and for the purposes of this document is considered interchangeable. Due to its comparatively sensitive nature, additional controls are required for the access, use and dissemination of CHRI. In addition to the dissemination restrictions outlined below, Title 28, Part 20, Code of Federal Regulations (CFR), defines CHRI and provides the regulatory guidance for dissemination of CHRI.

### **Proper Access, Use, and Dissemination of CHRI**

Information obtained from the Interstate Identification Index (III) is considered CHRI. Rules governing the access, use, and dissemination of CHRI are found in Title 28, Part 20, CFR. The III shall be accessed only for an authorized purpose. Further, CHRI shall only be used for an authorized purpose consistent with the purpose for which III was accessed. Dissemination to another agency is authorized if (a) the other agency is an Authorized Recipient of such information and is being serviced by the accessing agency, or (b) the other agency is performing noncriminal justice administrative functions on behalf of the authorized recipient and the outsourcing of said functions has been approved by appropriate CJIS Systems Agency (CSA) or State Identification Bureau (SIB) officials with applicable agreements in place.

### **Personnel Security Screening**

Access to CJI and/or CHRI is restricted to authorized personnel. Authorized personnel is defined as an individual, or group of individuals, who have been appropriately vetted through a national fingerprint-based record check and have been granted access to CJI data. Agencies located within states having passed legislation authorizing or requiring civil fingerprint-based background checks for personnel with

access to CHRI for the purposes of licensing or employment shall submit fingerprint-based record check within 30 days of employment or assignment on all personnel with who have direct access to CJI, those who have direct responsibility to configure and maintain computer systems and networks with direct access to CJI, and any persons with access to physically secure locations or controlled areas containing CJI. Agencies located within states without this authorization or requirement are exempted from the fingerprint-based background check requirement until such time as appropriate legislation has been written into law.

### **Security Awareness Training**

Basic security awareness training shall be required within six months of initial assignment, and biennially thereafter, for all personnel who have access to CJI.

### **Physical Security**

A physically secure location is a facility or an area, a room, or a group of rooms within a facility with both the physical and personnel security controls sufficient to protect the FBI CJI and associated information systems. The perimeter of the physically secure location shall be prominently posted and separated from non-secure locations by physical controls.

Only authorized personnel will have access to physically secure non-public locations. The Seymour Housing Authority will maintain and keep current a list of authorized personnel. All physical access points into the agency's secure areas will be authorized before granting access. The agency will implement access controls and monitoring of physically secure areas for protecting all transmission and display mediums of CJI. Authorized personnel will take necessary steps to prevent and protect the agency from physical, logical and electronic breaches.

### **Media Protection**

Controls shall be in place to protect electronic and physical media containing CJI while at rest, stored, or actively being accessed. "Electronic media" includes memory devices in laptops and computers (hard drives) and any removable, transportable digital memory media, such as magnetic tape or disk, backup medium, optical disk, flash drives, external hard drives, or digital memory card. "Physical media" includes printed documents and imagery that contain CJI.

The agency shall securely store electronic and physical media within physically secure locations or controlled areas. The agency shall restrict access to electronic and physical media to authorized individuals. If physical and personnel restrictions are not feasible then the data shall be encrypted per Section 5.10.1.2.

### **Media Transport**

Controls shall be in place to protect electronic and physical media containing CJI while in transport (physically moved from one location to another) to prevent inadvertent or inappropriate disclosure and use. The agency shall protect and control electronic and physical media during transport outside of controlled areas and restrict the activities associated with transport of such media to authorized personnel.

## **Media Sanitization and Disposal**

When no longer usable, hard drives, diskettes, tape cartridges, CDs, ribbons, hard copies, print-outs, and other similar items used to process, store and/or transmit FBI CJI shall be properly disposed of in accordance with measures established by Seymour Housing Authority.

Physical media (print-outs and other physical media) shall be disposed of by one of the following methods:

- 1) shredding using Seymour Housing Authority issued shredders.
- 2) placed in locked shredding bins for ProShred to come on-site and shred, witnessed by Seymour Housing Authority personnel throughout the entire process.
- 3) incineration using Seymour Housing Authority incinerators or witnessed by Seymour Housing Authority personnel onsite at agency or at contractor incineration site, if conducted by non-authorized personnel.

Electronic media (hard-drives, tape cartridge, CDs, printer ribbons, flash drives, printer and copier Hard-drives, etc.) shall be disposed of by one of the <Agency Name> methods:

- 1) **Overwriting (at least 3 times)** - an effective method of clearing data from magnetic media. As the name implies, overwriting uses a program to write (1s, 0s, or a combination of both) onto the location of the media where the file to be sanitized is located.
- 2) **Degaussing** - a method to magnetically erase data from magnetic media. Two types of degaussing exist: strong magnets and electric degausses. Note that common magnets (e.g., those used to hang a picture on a wall) are fairly weak and cannot effectively degauss magnetic media.
- 3) **Destruction** - a method of destroying magnetic media. As the name implies, destruction of magnetic media is to physically dismantle by methods of crushing, disassembling, etc., ensuring that the platters have been physically destroyed so that no data can be pulled.

IT systems that have been used to process, store, or transmit FBI CJI and/or sensitive and classified information shall not be released from Seymour Housing Authority's control until the equipment has been sanitized and all stored information has been cleared using one of the above methods.

## **Account Management**

The agency shall manage information system accounts, including establishing, activating, modifying, reviewing, disabling, and removing accounts. The agency shall validate information system accounts at least annually and shall document the validation process.

All accounts shall be reviewed at least annually by the designated CJIS point of contact (POC) or his/her designee to ensure that access and account privileges commensurate with job functions, need-to-know, and employment status on systems that contain Criminal Justice Information. The POC may also conduct periodic reviews.

## **Remote Access**

The Seymour Housing Authority shall authorize, monitor, and control all methods of remote access to the information systems that can access, process, transmit, and/or store FBI CJI. Remote access is any temporary access to an agency's information system by a user (or an information system) communicating temporarily through an external, non-agency controlled network (e.g., the Internet).

The Seymour Housing Authority shall employ automated mechanisms to facilitate the monitoring and control of remote access methods. The Seymour Housing Authority shall control all remote accesses through managed access control points. The Seymour Housing Authority may permit remote access for privileged functions only for compelling operational needs but shall document the rationale for such access in the security plan for the information system.

Utilizing publicly accessible computers to access, process, store or transmit CJI is prohibited. Publicly accessible computers include but are not limited to: hotel business center computers, convention center computers, public library computers, public kiosk computers, etc.

## **Personally Owned Information Systems**

A personally owned information system shall not be authorized to access, process, store or transmit CJI unless the agency has established and documented the specific terms and conditions for personally owned information system usage. A personal device includes any portable technology like camera, USB flash drives, USB thumb drives, DVDs, CDs, air cards and mobile wireless devices such as Androids, Blackberry OS, Apple iOS, Windows Mobile, Symbian, tablets, laptops or any personal desktop computer. When bring your own devices (BYOD) are authorized, they shall be controlled using the requirements in Section 5.13 of the CJIS Security Policy.

## **Reporting Information Security Events**

The agency shall promptly report incident information to appropriate authorities to include the state CSA or SIB's Information Security Officer (ISO). Information security events and weaknesses associated with information systems shall be communicated in a manner allowing timely corrective action to be taken. Formal event reporting and escalation procedures shall be in place. Wherever feasible, the agency shall employ automated mechanisms to assist in the reporting of security incidents. All employees, contractors and third party users shall be made aware of the procedures for reporting the different types of event and weakness that might have an impact on the security of agency assets and are required to report any information security events and weaknesses as quickly as possible to the designated point of contact.

## **Policy Violation/Misuse Notification**

Violation of any of the requirements contained in the CJIS Security Policy or Title 28, Part 20, CFR, by any authorized personnel will result in suitable disciplinary action, up to and including loss of access privileges, civil and criminal prosecution and/or termination.

Likewise, violation of any of the requirements contained in the CJIS Security Policy or Title 28, Part 20, CFR, by any visitor can result in similar disciplinary action against the sponsoring employee, and can also result in termination of services with any associated consulting organization or prosecution in the case of criminal activity.