

## MINUTES

COPY RECEIVED  
DATE: 4/18/17  
TIME: 9:15 AM  
TOWN CLERK'S OFFICE

### Seymour Housing Authority

#### ➤ 972<sup>nd</sup> Meeting

The 972<sup>nd</sup> Meeting, a Regular Meeting of the Seymour Housing Authority, was held on March 6, 2017 at the **Smithfield Gardens Assisted Living Facility**, in the **Multipurpose Room** located at **26 Smith Street** Seymour, Connecticut and was called to order at 5:31 P.M. by Chairperson White.

#### ➤ Roll Call

Answering the Roll Call were Commissioners Bellucci, 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 971<sup>st</sup> Annual Meeting held on February 8, 2017.

Commissioner Bellucci motioned to accept the minutes of the 971<sup>st</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 Bellucci, Dota, Horelick, Golebieski and White. Chairperson White declared the motion carried and the minutes accepted as presented.

### Bills & Communications

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

Commissioner Bellucci motioned to approve the bills as presented and authorize payment of the bills. Commissioner Horelick seconded the motion. 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 Bellucci, Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried and the bills approved for payment as presented.

The Executive Director discussed the correspondences from CHFA documenting late financial reporting and budget submission. He stated that we have a long history of being

## MINUTES

on time with our reporting, however, there has been a recent change in Fee Accountants. The Tax Season, from our Accountant's standpoint, has also caused a delay in these reports. He stated that an extension will be requested.

The Executive Director highlighted the letter from CHFA approving the Moderate Rental Budget with the rent increase to be effective July 1, 2017.

The Executive Director commented on the letter sent to the Callahan and Ray House residents about the Federal Smoke Free policy. This letter disseminated the final rule about no smoking in public housing and the recently adopted policy.

### **Executive Director's Report**

See Exhibit II

#### **➤ Old Business**

None

#### **New Business**

Chairperson White introduced the Callahan House and Norman Ray House Lease changes for the Smoke Free Policy (See Exhibit III)

After some further brief discussion, Commissioner Horelick motioned to accept the and adopt the proposed Callahan House and Norman Ray House Lease changes for the Smoke Free Policy 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 Bellucci, Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried.

Chairperson White introduced the Callahan House and Norman Ray House Lease addendums for existing residents for the Smoke Free Policy. (See Exhibit IV)

Commissioner Horelick motioned to adopt the proposed Callahan House and Ray House Lease addendums for existing residents for the Smoke Free Policy 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 Bellucci, Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried.

Chairperson White introduced Callahan House Community Space Policy. (See Exhibit V).

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The Executive Director explained this policy became necessary to clear up tensions with and between residents regarding reserving the Community Room for use. Also included in the policy were rules for posting on the bulletin Boards and reserving the Grill.

Commissioner Golebieski motioned to adopt the proposed Callahan House Common Area Policy. Commissioner Horelick seconded the motion. Discussion followed and Commissioner Bellucci asked we could consider also having rules for reserving the gas grills. He stated that people from outside the community have been using the grill, as well as some groups have been over using the patio and there have been complaints that others in the building that the cannot use the grill when this excessive use occurs. It was recommended that any parties of 4 or more should make reservations. Commissioner Golebieski amended the motion to include reservation policy for the gas grill.

Commissioner Horelick seconded the motion. Hearing no further comments, 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 Bellucci, Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried.

### ➤ Executive Session

None

### Any Other Business

Commissioner Bellucci explained that the Seymour Library has been very cooperative with the movie line up for the Rev. Callahan House Tenants Association. He motioned that we donate \$200 to the Library in lieu of their generosity. Commissioner Horelick 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 Bellucci, Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried.

### Adjournment

At 6:12 P.M. Chairperson White asked for a motion to adjourn the 972<sup>nd</sup> Meeting of the Seymour Housing Authority. Commissioner Bellucci 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 Bellucci, Dota, Golebieski, Horelick and White. Chairperson White declared the motion carried and the 972<sup>st</sup> 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: February 2017, 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> |
|----------------|---------------------|---------------|-------------|-----------------------------------|-------------------------------------|----------------|---------------|
| 3              | 02/02/2017          | No            | DD          | SHA PAYROLL                       | Payroll #3                          | No             | \$28,766.26   |
| 4              | 02/16/2017          | No            | DD          | SHA PAYROLL                       | Payroll #4                          | No             | \$34,264.14   |
| 180            | 02/22/2017          | No            | CHK         | VSP                               | Feb's Expense                       | No             | \$62.86       |
| 9130           | 02/03/2017          | No            | CHK         | AIG                               | Acct#1024715395                     | No             | \$2,934.00    |
| 9131           | 02/06/2017          | No            | CHK         | Aflac Attn: Remittance Processing | Acct#DHF89 - January 2017 Expens    | No             | \$392.02      |
| 9132           | 02/06/2017          | No            | CHK         | American Rooter LLC               | MR - Snaked Kitchen Drain           | No             | \$412.00      |
| 9133           | 02/06/2017          | No            | CHK         | Apicella, Testa & Company, P.C.   | Dec's Expense                       | No             | \$1,857.50    |
| 9134           | 02/06/2017          | No            | CHK         | Bender Plumbing Supplies Inc.     | PO#2071 - 3 - 50 Gallon Electric Wa | No             | \$1,372.68    |
| 9135           | 02/06/2017          | No            | CHK         | Direct Energy Services, LLC       | Customer# 727020 Nov's Expense      | No             | \$6,230.01    |
| 9136           | 02/06/2017          | No            | CHK         | Eversource                        | Acc#5111 869 4017 / Nov's Expense   | No             | \$45.98       |
| 9137           | 02/06/2017          | No            | CHK         | Eversource                        | Acc# 5136 648 3014 / Nov's Expens   | No             | \$3,047.18    |
| 9138           | 02/06/2017          | No            | CHK         | Eversource                        | Acc# 5177 958 3004/ Nov's Expense   | No             | \$5,671.87    |
| 9139           | 02/06/2017          | No            | CHK         | Eversource                        | Acc# 5147 148 3099 / Nov's Expens   | No             | \$274.14      |
| 9140           | 02/06/2017          | No            | CHK         | Ge Appliance                      | PO#2069 - 3 Stoves Callahan and 1   | No             | \$2,463.56    |
| 9141           | 02/06/2017          | No            | CHK         | Radovich Builders, LLP            | 24 Seymour Ave                      | No             | \$617.50      |
| 9142           | 02/06/2017          | No            | CHK         | Radovich Builders, LLP            | Work order#38742 - Installed new s  | No             | \$580.00      |
| 9143           | 02/15/2017          | No            | CHK         | Aquarion Water Company            | Acc# 200086455 Jan's Expense        | No             | \$115.43      |
| 9144           | 02/15/2017          | No            | CHK         | Aquarion Water Company            | Acc# 200086443 Jan's Expense        | No             | \$115.43      |
| 9145           | 02/15/2017          | No            | CHK         | Eversource                        | Acc# 5147 148 3099 Jan's Expense    | No             | \$287.87      |
| 9146           | 02/15/2017          | No            | CHK         | Eversource                        | Acc# 5177 958 3004 Jan's Expense    | No             | \$6,561.73    |
| 9147           | 02/15/2017          | No            | CHK         | Eversource                        | Acc# 51364104042 Jan's Expense      | No             | \$3,524.46    |
| 9148           | 02/15/2017          | No            | CHK         | Eversource                        | Acc# 57750480048 Jan's Expense      | No             | \$1,687.24    |
| 9149           | 02/15/2017          | No            | CHK         | Eversource                        | Acc# 5112 236 4029 Jan's Expense    | No             | \$63.86       |
| 9150           | 02/15/2017          | No            | CHK         | G&K Services                      | Jan's Expense                       | No             | \$104.18      |
| 9151           | 02/15/2017          | No            | CHK         | Jeff's Appliance And Vacuums      | Apt. 3S                             | No             | \$199.95      |
| 9152           | 02/15/2017          | No            | CHK         | Robert Lashin                     | Community Room & 4th Floor          | No             | \$2,675.00    |
| 9153           | 02/15/2017          | No            | CHK         | Seymour Janitorial Services       | Extra Cleaning of the Community Ro  | No             | \$1,829.00    |
| 9154           | 02/15/2017          | No            | CHK         | Shell Credit Card Center          | Dec. & Jan's Expense                | No             | \$217.37      |
| 9155           | 02/15/2017          | No            | CHK         | Sprint                            | Jan's Expense                       | No             | \$318.83      |
| 9156           | 02/15/2017          | No            | CHK         | State Of CT Dept. of Construction | Callahan Boilers Certificates       | No             | \$480.00      |
| 9157           | 02/15/2017          | No            | CHK         | Ted's Lawn Care LLC               | Part of Contract hold back 10%      | No             | \$16,614.00   |
| 9158           | 02/24/2017          | No            | CHK         | Aetna                             | March's Expense                     | No             | \$2,751.10    |
| 9159           | 02/24/2017          | No            | CHK         | AIG                               | Workers Comp Acc# 1024715395        | No             | \$2,934.00    |
| 9160           | 02/24/2017          | No            | CHK         | Anthem Dental                     | March's Expense Acc# ACT6850861     | No             | \$651.61      |
| 9161           | 02/24/2017          | No            | CHK         | Connecticut Housing Finance Aut   | March's Expense Proj# 96089D        | No             | \$462.02      |
| 9162           | 02/24/2017          | No            | CHK         | Lincoln National Life Insurance C | March's Expense Ref# 3405540709     | No             | \$324.95      |

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: February 2017, 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> |
|----------------|---------------------|---------------|-------------|------------------------------------|------------------------------------|----------------|---------------|
| 4350           | 02/02/2017          | No            | CHK         | Seymour Housing Authority          | Reimb                              | No             | \$15,000.00   |
| 4351           | 02/03/2017          | No            | CHK         | Seymour Housing Authority          | SG Partial Reimb                   | No             | \$10,000.00   |
| 4352           | 02/06/2017          | No            | CHK         | Seymour Housing Authority          | SG Reimb                           | No             | \$22,000.00   |
| 4353           | 02/08/2017          | No            | CHK         | Allen's Plumbing Supply            | SG - Plumbing Supplies             | No             | \$46.97       |
| 4354           | 02/08/2017          | No            | CHK         | Aquarion Water Company Of CT       | Acct#200204656                     | No             | \$115.43      |
| 4355           | 02/08/2017          | No            | CHK         | Buddy's Fuel, LLC                  | Repaired valves, unit 219          | No             | \$310.00      |
| 4356           | 02/08/2017          | No            | CHK         | Clear Water                        | January 2017 - Water Treatment     | No             | \$145.84      |
| 4357           | 02/08/2017          | No            | CHK         | Comcast                            | Acct#877 40 216 0069510            | No             | \$1,128.18    |
| 4358           | 02/08/2017          | No            | CHK         | Comcast                            | Acct#8773 40 216 0069536           | No             | \$55.95       |
| 4359           | 02/08/2017          | No            | CHK         | Direct Energy Services, LLC        | Customer# 727021                   | No             | \$7,244.11    |
| 4360           | 02/08/2017          | No            | CHK         | Eversource                         | Acct#57476540034                   | No             | \$3,342.12    |
| 4361           | 02/08/2017          | No            | CHK         | Eversource                         | Acct#51083234013                   | No             | \$2,128.26    |
| 4362           | 02/08/2017          | No            | CHK         | Friends Of Fur LLC                 | Smithfield Garden, unit 108        | No             | \$180.00      |
| 4363           | 02/08/2017          | No            | CHK         | Frontier                           | Acct#203-888-5093-092806-5         | No             | \$364.46      |
| 4364           | 02/08/2017          | No            | CHK         | Griffin Hospital Occupational Medi | Tox Screen                         | No             | \$65.00       |
| 4365           | 02/08/2017          | No            | CHK         | HD Supply                          | PO#2066 - Cleaning and Laundry S   | No             | \$405.58      |
| 4366           | 02/08/2017          | No            | CHK         | Kone Inc                           | Elevator repair services           | No             | \$1,081.82    |
| 4367           | 02/08/2017          | No            | CHK         | Oxford Lumber & Building Materia   | Kutter Cleaner                     | No             | \$18.99       |
| 4368           | 02/08/2017          | No            | CHK         | Radovich Builders, LLP             | Work order#38689 - Installed new F | No             | \$451.00      |
| 4369           | 02/08/2017          | No            | CHK         | Robert Lupi                        | Afternoon Social                   | No             | \$150.00      |
| 4370           | 02/08/2017          | No            | CHK         | Seymour Housing Authority          | December 2016 Management Fee       | No             | \$9,930.00    |
| 4371           | 02/08/2017          | No            | CHK         | Shaker Recruitment Advertising &   | PO#2073 - Zoho Invoice#M10211 -    | No             | \$750.00      |
| 4372           | 02/08/2017          | No            | CHK         | Theo Pro                           | File Approval - December 2016      | No             | \$82.50       |
| 4373           | 02/08/2017          | No            | CHK         | Trans Clean Corp                   | High pressured steam cleaned and   | No             | \$450.00      |
| 4374           | 02/08/2017          | No            | CHK         | Valley Electric Supply Company     | Degree 12V MR 16 3000K LED Lam     | No             | \$265.12      |
| 4375           | 02/08/2017          | No            | CHK         | Winter Bros Waste Systems          | January 2017 Services              | No             | \$450.18      |
| 4376           | 02/15/2017          | No            | CHK         | Seymour Housing Authority          | SG Reimb                           | No             | \$10,000.00   |
| 4377           | 02/21/2017          | No            | CHK         | Wade, Irene                        | PH AP Payment Feb 17               | No             | \$781.06      |
| 4378           | 02/21/2017          | No            | CHK         | Watkins, Ruth                      | PH AP Payment Feb 17               | No             | \$815.06      |
| 4379           | 02/24/2017          | No            | CHK         | Seymour Housing Authority          | Partial Reimb                      | No             | \$7,000.00    |

Minutes  
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: February 2017, 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> |
|----------------|---------------------|---------------|-------------|-----------------------------|-----------------------------|----------------|---------------|
| 1958           | 02/03/2017          | No            | CHK         | Treasurer - Town of Seymour | 2016 PILOT Callahan         | No             | \$19,827.55   |
| 1959           | 02/03/2017          | No            | CHK         | Treasurer - Town of Seymour | 2016 PILOT RH               | No             | \$9,319.23    |
| 1960           | 02/03/2017          | No            | CHK         | Seymour Housing Authority   | RH Reimb                    | No             | \$7,784.11    |
| 1961           | 02/10/2017          | No            | CHK         | Seymour Housing Authority   | Callahan Reimb              | No             | \$20,000.00   |
| 1962           | 02/13/2017          | No            | CHK         | Seymour Housing Authority   | Cal Reimb                   | No             | \$10,000.00   |
| 1963           | 02/13/2017          | No            | CHK         | Callahan House Association  | To cover RSC Payroll 2.16th | No             | \$2,692.30    |
| 1964           | 02/15/2017          | No            | CHK         | Seymour Housing Authority   | Callahan Reimb              | No             | \$6,823.30    |

**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: February 2017, 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> |
|----------------|---------------------|---------------|-------------|--------------------------------|-------------------------------------|----------------|---------------|
| 301            | 02/23/2017          | No            | CHK         | Gregory Stamos                 | Legal Fee for 34 Smith St Zoning    | No             | \$1,800.00    |
| 302            | 02/23/2017          | No            | CHK         | Langan                         | Phase I Environmental Site 34 Smith | No             | \$3,000.00    |
| 303            | 02/23/2017          | No            | CHK         | Silver Petrucelli & Associates | For 34 Smith St                     | No             | \$5,700.00    |

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

Filter Criteria Includes: 1) Project: All, 2) Payment Date: All, 3) Financial Period: February 2017, 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> |
|----------------|---------------------|---------------|-------------|-----------------------------|------------------------------|----------------|---------------|
| 1767           | 02/03/2017          | Yes           | CHK         | Treasurer - Town of Seymour | 2016 PILOT                   | No             | \$10,957.47   |
| 1767           | 02/03/2017          | No            | VD          | Treasurer - Town of Seymour | Wrong amount                 | No             | (\$10,957.47) |
| 1768           | 02/03/2017          | No            | CHK         | Treasurer - Town of Seymour | 2016 PILOT                   | No             | \$12,691.72   |
| 1769           | 02/03/2017          | No            | CHK         | Seymour Housing Authority   | MR REimb                     | No             | \$4,418.23    |
| 1770           | 02/10/2017          | No            | CHK         | Ford Motor Credit Company   | Acc# 9366100                 | No             | \$574.87      |
| 1771           | 02/13/2017          | No            | CHK         | Seymour Housing Authority   | MR Reimb                     | No             | \$10,000.00   |
| 1772           | 02/24/2017          | No            | CHK         | Seymour Housing Authority   | Early Reimb to Cover Payroll | No             | \$25,000.00   |

*Minutes*  
**#SEYM Seymour Housing Authority Exhibit I**

| Cover Letter (S193) |                          |
|---------------------|--------------------------|
| Check Date :        | 02/02/2017-2             |
| Period Range :      | 01/16/2017 TO 01/29/2017 |
| Week Number :       | Week #5                  |

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     | 2               | 346.55          |
| Total Direct Deposits    | 28              | 18897.72        |
| 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>19244.27</b> |

|                          |                                                           |        |
|--------------------------|-----------------------------------------------------------|--------|
| Total Billing Impound    |                                                           | 121.66 |
| Total Agency Checks      | 0                                                         | 0.00   |
| Total Agency Checks DD   | 3                                                         | 210.00 |
| Total Agency Checks Void | 0                                                         | 0.00   |
| Total Tax Deposit Checks | Tax deposit to be made by Human Resource Consulting Group |        |

**Sum of Checks** **19575.93**

**Total of Checks Printed**

**25 Items**

|                              |         |
|------------------------------|---------|
| Total Tax Liability          | 9211.66 |
| Total Workers Comp Liability | 0.00    |

**Total Payroll Liability** **28787.59**

Total Direct Deposits 19107.72

**Total Debited From Account** **28787.59**

**NEXT PERIOD DATES**

Check Date: 02/16/2017 Week 7  
 Period Begin: 01/30/2017  
 Period End: 02/12/2017  
 Call In Date: 02/13/2017 Week 7

**Payroll rep: Sorrentino George**

## Tax Report For Payroll (S247)

Check Date : 02/02/2017-2

Period Range : 01/16/2017 TO 01/29/2017

Week Number : Week #5

| Tax Type                                                     | Rate     | Tax ID                                                    | Wages     | Amount    | # EE's | Frequency   |
|--------------------------------------------------------------|----------|-----------------------------------------------------------|-----------|-----------|--------|-------------|
| Federal Taxes                                                |          |                                                           |           |           |        |             |
| Federal                                                      | -----    | 060687649                                                 | 25,716.36 | 3,306.62  | 22     | Semi-Weekly |
| EE OASDI                                                     | 0.062000 | 060687649                                                 | 26,241.26 | 1,626.97  | 22     | Semi-Weekly |
| EE Medicare                                                  | 0.014500 | 060687649                                                 | 26,241.26 | 380.49    | 22     | Semi-Weekly |
| ER OASDI                                                     | 0.062000 | 060687649                                                 | 26,241.26 | 1,626.97  | 22     | Semi-Weekly |
| ER Medicare                                                  | 0.014500 | 060687649                                                 | 26,241.26 | 380.49    | 22     | Semi-Weekly |
| COBRA Credit                                                 | -----    | 060687649                                                 | -----     |           | 22     | Semi-Weekly |
| Total 941 Liabilities without COBRA                          |          |                                                           |           | 7,321.54  |        |             |
| Total 941 Liabilities with COBRA                             |          |                                                           |           | 7,321.54  |        |             |
| ER FUI                                                       | 0.006000 | 060687649                                                 | 0.00      |           | 22     | Quarterly   |
| Total Federal Taxes                                          |          |                                                           |           | 7,321.54  |        |             |
| State Withholding                                            |          |                                                           |           |           |        |             |
| CT State Withholding                                         |          | 6613871-000                                               | 25,716.36 | 989.84    | 22     | Weekly CT   |
| Total State Withholding                                      |          |                                                           |           | 989.84    |        |             |
| Employer SUI Withholding                                     |          |                                                           |           |           |        |             |
| CT-SUI                                                       | 0.034000 | 91-378-04                                                 | 26,478.98 | 900.28    | 22     | Quarterly   |
| Total Employer SUI                                           |          |                                                           |           | 900.28    |        |             |
| Total Employee Taxes                                         |          |                                                           |           | 6,303.92  |        |             |
| Total Employer Taxes without COBRA                           |          |                                                           |           | 2,907.74  |        |             |
| Total Tax Liability without COBRA                            |          |                                                           |           | 9,211.66  |        |             |
| Total Tax Liability with COBRA                               |          |                                                           |           | 9,211.66  |        |             |
| Regular checks                                               |          |                                                           |           | 346.55    |        |             |
| Manual checks                                                |          |                                                           |           | 0.00      |        |             |
| 3rd Party Checks                                             |          |                                                           |           | 0.00      |        |             |
| Void Checks                                                  |          |                                                           |           | 0.00      |        |             |
| Direct Deposit Checks                                        |          |                                                           |           | 19,107.72 |        |             |
| Total Net Payroll                                            |          |                                                           |           | 19,454.27 |        |             |
| Agency Checks                                                |          |                                                           |           | 0.00      |        |             |
| Agency Checks DD                                             |          |                                                           |           | 0.00      |        |             |
| Agency Checks Void                                           |          |                                                           |           | 0.00      |        |             |
| Billing Impound                                              |          |                                                           |           | 121.66    |        |             |
| Total Workers Comp                                           |          |                                                           |           | 0.00      |        |             |
| Total Payroll Liability                                      |          |                                                           |           | 28,787.59 |        |             |
| 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                                  |          |                                                           |           | 19,575.93 |        |             |
| Total Direct Deposits                                        |          |                                                           |           | 19,107.72 |        |             |
| Total Amount Debited from your Account before Credit applied |          |                                                           |           | 28,787.59 |        |             |
| Total Amount Debited from your Account after Credit applied  |          |                                                           |           | 28,787.59 |        |             |



| Cover Letter-Adjustment Payroll (S193) |                          |
|----------------------------------------|--------------------------|
| Check Date :                           | 02/02/2017-1             |
| Period Range :                         | 01/24/2017 TO 01/24/2017 |
| Week Number :                          | Week #5                  |

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              | 0                                                         | 0.00          |
| Total Direct Deposits             | 0                                                         | 0.00          |
| Total Manual Checks               | 10                                                        | 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>10 Items</b>                                           | <b>0.00</b>   |
| Total Billing Impound             |                                                           | 0.00          |
| Total Agency Checks               | 0                                                         | 0.00          |
| Total Agency Checks DD            | 0                                                         | 0.00          |
| Total Agency Checks Void          | 0                                                         | 0.00          |
| Total Tax Deposit Checks          | Tax deposit to be made by Human Resource Consulting Group |               |
| <b>Sum of Checks</b>              |                                                           | <b>0.00</b>   |
| <b>Total of Checks Printed</b>    | <b>0 Items</b>                                            |               |
| Total Tax Liability               |                                                           | -21.33        |
| Total Workers Comp Liability      |                                                           | 0.00          |
| <b>Total Payroll Liability</b>    |                                                           | <b>-21.33</b> |
| Total Direct Deposits             |                                                           | 0.00          |
| <b>Total Debited From Account</b> |                                                           | <b>-21.33</b> |

#### NEXT PERIOD DATES

Check Date: 02/16/2017 Week 7  
 Period Begin: 01/30/2017  
 Period End: 02/12/2017  
 Call In Date: 02/13/2017 Week 7

Payroll rep: Sorrentino George

## Tax Report For Adjustment Payroll (S247)

Check Date : 02/02/2017-1

Period Range : 01/24/2017 TO 01/24/2017

Week Number : Week #5

| Tax Type                                                            | Rate     | Tax ID                                                    | Wages | Amount        | # EE's | Frequency   |
|---------------------------------------------------------------------|----------|-----------------------------------------------------------|-------|---------------|--------|-------------|
| <b>Federal Taxes</b>                                                |          |                                                           |       |               |        |             |
| Federal                                                             | -----    | 060687649                                                 | ----- |               | 10     | Semi-Weekly |
| EE OASDI                                                            | 0.062000 | 060687649                                                 | ----- |               | 10     | Semi-Weekly |
| EE Medicare                                                         | 0.014500 | 060687649                                                 | ----- |               | 10     | Semi-Weekly |
| ER OASDI                                                            | 0.062000 | 060687649                                                 | ----- |               | 10     | Semi-Weekly |
| ER Medicare                                                         | 0.014500 | 060687649                                                 | ----- |               | 10     | Semi-Weekly |
| COBRA Credit                                                        | -----    | 060687649                                                 | ----- |               | 10     | Semi-Weekly |
| <b>Total 941 Liabilities without COBRA</b>                          |          |                                                           |       | <u>0.00</u>   |        |             |
| <b>Total 941 Liabilities with COBRA</b>                             |          |                                                           |       | <u>0.00</u>   |        |             |
| ER FUI                                                              | 0.006000 | 060687649                                                 | ----- |               | 10     | Quarterly   |
| <b>Total Federal Taxes</b>                                          |          |                                                           |       | <u>0.00</u>   |        |             |
| <b>Employer SUI Withholding</b>                                     |          |                                                           |       |               |        |             |
| CT-SUI                                                              | -----    | 91-378-04                                                 |       | -21.33        |        | Quarterly   |
| <b>Total Employer SUI</b>                                           |          |                                                           |       | <u>-21.33</u> |        |             |
| Total Employee Taxes                                                |          |                                                           |       | 0.00          |        |             |
| Total Employer Taxes without COBRA                                  |          |                                                           |       | -21.33        |        |             |
| <b>Total Tax Liability without COBRA</b>                            |          |                                                           |       | <u>-21.33</u> |        |             |
| <b>Total Tax Liability with COBRA</b>                               |          |                                                           |       | <u>-21.33</u> |        |             |
| Regular checks                                                      |          |                                                           |       | 0.00          |        |             |
| Manual checks                                                       |          |                                                           |       | 0.00          |        |             |
| 3rd Party Checks                                                    |          |                                                           |       | 0.00          |        |             |
| Void Checks                                                         |          |                                                           |       | 0.00          |        |             |
| Direct Deposit Checks                                               |          |                                                           |       | 0.00          |        |             |
| <b>Total Net Payroll</b>                                            |          |                                                           |       | <u>0.00</u>   |        |             |
| Agency Checks                                                       |          |                                                           |       | 0.00          |        |             |
| Agency Checks DD                                                    |          |                                                           |       | 0.00          |        |             |
| Agency Checks Void                                                  |          |                                                           |       | 0.00          |        |             |
| Billing Impound                                                     |          |                                                           |       | 0.00          |        |             |
| Total Workers Comp                                                  |          |                                                           |       | 0.00          |        |             |
| <b>Total Payroll Liability</b>                                      |          |                                                           |       | <u>-21.33</u> |        |             |
| 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                                         |          |                                                           |       | 0.00          |        |             |
| Total Direct Deposits                                               |          |                                                           |       | 0.00          |        |             |
| <b>Total Amount Debited from your Account before Credit applied</b> |          |                                                           |       | <u>-21.33</u> |        |             |
| <b>Total Amount Debited from your Account after Credit applied</b>  |          |                                                           |       | <u>-21.33</u> |        |             |

| Cover Letter (S193) |                          |
|---------------------|--------------------------|
| Check Date :        | 02/16/2017-1             |
| Period Range :      | 01/30/2017 TO 02/12/2017 |
| Week Number :       | Week #7                  |

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     | 1               | 325.82          |
| Total Direct Deposits    | 29              | 22082.63        |
| 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>23 Items</b> | <b>22408.45</b> |

|                          |                                                           |        |
|--------------------------|-----------------------------------------------------------|--------|
| Total Billing Impound    |                                                           | 707.25 |
| Total Agency Checks      | 0                                                         | 0.00   |
| Total Agency Checks DD   | 4                                                         | 211.00 |
| Total Agency Checks Void | 0                                                         | 0.00   |
| Total Tax Deposit Checks | Tax deposit to be made by Human Resource Consulting Group |        |

**Sum of Checks** **23326.70**

|                                |                 |          |
|--------------------------------|-----------------|----------|
| <b>Total of Checks Printed</b> | <b>27 Items</b> |          |
| Total Tax Liability            |                 | 10937.44 |
| Total Workers Comp Liability   |                 | 0.00     |

**Total Payroll Liability** **34264.14**

Total Direct Deposits 22293.63

**Total Debited From Account** **34264.14**

#### NEXT PERIOD DATES

Check Date: 03/02/2017 Week 9  
 Period Begin: 02/13/2017  
 Period End: 02/26/2017  
 Call In Date: 02/27/2017 Week 9

**Payroll rep: Sorrentino George**

## #SEYM Seymour Housing Authority

Minister  
Exhibit 1

## Tax Report For Payroll (S247)

Check Date : 02/16/2017-1

Period Range : 01/30/2017 TO 02/12/2017

Week Number : Week #7

| Tax Type                                                     | Rate     | Tax ID                                                    | Wages     | Amount    | # EE's | Frequency   |
|--------------------------------------------------------------|----------|-----------------------------------------------------------|-----------|-----------|--------|-------------|
| Federal Taxes                                                |          |                                                           |           |           |        |             |
| Federal                                                      | -----    | 060687649                                                 | 30,146.52 | 4,009.19  | 22     | Semi-Weekly |
| EE OASDI                                                     | 0.062000 | 060687649                                                 | 30,757.00 | 1,906.95  | 22     | Semi-Weekly |
| EE Medicare                                                  | 0.014500 | 060687649                                                 | 30,757.00 | 445.96    | 22     | Semi-Weekly |
| ER OASDI                                                     | 0.062000 | 060687649                                                 | 30,757.00 | 1,906.95  | 22     | Semi-Weekly |
| ER Medicare                                                  | 0.014500 | 060687649                                                 | 30,757.00 | 445.96    | 22     | Semi-Weekly |
| COBRA Credit                                                 | -----    | 060687649                                                 | -----     |           | 22     | Semi-Weekly |
| Total 941 Liabilities without COBRA                          |          |                                                           |           | 8,715.01  |        |             |
| Total 941 Liabilities with COBRA                             |          |                                                           |           | 8,715.01  |        |             |
| ER FUI                                                       | 0.008000 | 060687649                                                 | 0.00      |           | 22     | Quarterly   |
| Total Federal Taxes                                          |          |                                                           |           | 8,715.01  |        |             |
| State Withholding                                            |          |                                                           |           |           |        |             |
| CT State Withholding                                         |          | 6613871-000                                               | 30,146.52 | 1,207.80  | 22     | Weekly CT   |
| Total State Withholding                                      |          |                                                           |           | 1,207.80  |        |             |
| Employer SUI Withholding                                     |          |                                                           |           |           |        |             |
| CT-SUI                                                       | 0.034000 | 91-378-04                                                 | 29,841.84 | 1,014.63  | 22     | Quarterly   |
| Total Employer SUI                                           |          |                                                           |           | 1,014.63  |        |             |
| Total Employee Taxes                                         |          |                                                           |           | 7,569.90  |        |             |
| Total Employer Taxes without COBRA                           |          |                                                           |           | 3,367.54  |        |             |
| Total Tax Liability without COBRA                            |          |                                                           |           | 10,937.44 |        |             |
| Total Tax Liability with COBRA                               |          |                                                           |           | 10,937.44 |        |             |
| Regular checks                                               |          |                                                           |           | 325.82    |        |             |
| Manual checks                                                |          |                                                           |           | 0.00      |        |             |
| 3rd Party Checks                                             |          |                                                           |           | 0.00      |        |             |
| Void Checks                                                  |          |                                                           |           | 0.00      |        |             |
| Direct Deposit Checks                                        |          |                                                           |           | 22,293.63 |        |             |
| Total Net Payroll                                            |          |                                                           |           | 22,619.45 |        |             |
| Agency Checks                                                |          |                                                           |           | 0.00      |        |             |
| Agency Checks DD                                             |          |                                                           |           | 0.00      |        |             |
| Agency Checks Void                                           |          |                                                           |           | 0.00      |        |             |
| Billing Impound                                              |          |                                                           |           | 707.25    |        |             |
| Total Workers Comp                                           |          |                                                           |           | 0.00      |        |             |
| Total Payroll Liability                                      |          |                                                           |           | 34,264.14 |        |             |
| 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                                  |          |                                                           |           | 23,326.70 |        |             |
| Total Direct Deposits                                        |          |                                                           |           | 22,293.63 |        |             |
| Total Amount Debited from your Account before Credit applied |          |                                                           |           | 34,264.14 |        |             |
| Total Amount Debited from your Account after Credit applied  |          |                                                           |           | 34,264.14 |        |             |

March 2017

Minutes  
Exhibit II

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# **Housing Authority of the Town of Seymour**

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## **Executive Director's Report**

## Section

## 1

**Occupancy****Rev. Callahan House 2017 Year-to-Date Vacancies 1**

Callahan House experienced one move out and one move in during February 2017. Callahan House has experienced 29 vacancy days since January 1, 2017 and has averaged 14.5 turn around days per vacancy since January 1 2017. By using the HUD PHAS Management Operation formula to calculate vacancy percentage, vacancy day percentage would be calculated as follows: 80 units X 365 days = 29,200 days available; 29 days/ 29200 days available = .0010% percentage through February 28, 2017.

Beginning with July 1, 2011, HUD is using a new formula being applied to the Operating Subsidy calculation. HUD is allowing for 3% vacancy. Vacancy over the 3% will not be paid in subsidy. For example, Callahan House has: 80 units X 12 = 960 unit months available (UMA). 960 X 3% = 29 UMA or 348 days. . For the 2016 subsidy calculation we used 70 days we had 270 days to use for the balance of the subsidy year. For 2017 subsidy calculation, we used 113 days and have 235 days to use for the balance of the Subsidy year.

| CALLAHAN HOUSE  |                   |           | VACANCY/TURNOVER DAYS      |                 | 2017          |
|-----------------|-------------------|-----------|----------------------------|-----------------|---------------|
| FEDERAL ELDERLY |                   |           | Vacancy Turnover Days 2017 |                 |               |
| UNIT            | PRIOR<br>RESIDENT | MOVE-OUT  | RESIDENT                   | NEXT<br>IN-DATE | No. o<br>Days |
| 3M              | Tuckett           | 1/30/2017 | Ortiz                      | 2/14/2017       | 15            |
| 1G              | Frano             | 2/14/2017 | Vacant                     |                 | 14            |

Average number of vacancy days per vacancy

14.5

minutes  
Exhibit II

**Norman Ray House 2017 Year-to-Date Vacancies 0**

Norman Ray House remained fully occupied during February 2017. Norman Ray House has experienced 0 vacancy days since January 1, 2017 and has averaged 0 turn around days per vacancy. By using the HUD PHAS Management Operation formula to calculate vacancy percentage, vacancy day percentage would be calculated as follows: 40 units X 365 days = 14600 days available; 0 days/ 14600 days available = 0.0% percentage through January 31, 2017.

Beginning with July 1, 2011, HUD is using a new formula being applied to the Operating Subsidy calculation. HUD is allowing for 3% vacancy. Vacancy over the 3% will not be paid in subsidy. For example, Norman Ray House has: 40 units X 12 = 480 unit months available (UMA). 480 X 3% = 14 UMA or 168 days. For the 2116 subsidy calculation year, we had experienced 113 days and had 51 days to use for the balance of the subsidy year calculation (July 1, 2015 to June 30, 2016). For the 2017 subsidy calculation, we used 39 vacancy day and have 129 days left to use.

**NORMAN RAY HOUSE VACANCY/TURNOVER DAYS 2017**  
**FEDERAL ELDERLY**

| UNIT | PRIOR<br>RESIDENT | MOVE-OUT | RESIDENT | NEXT<br>IN-DATE | NO. OF |
|------|-------------------|----------|----------|-----------------|--------|
|------|-------------------|----------|----------|-----------------|--------|

Average number of vacancy days per vacancy: 0

Minutes  
Exhibit II

**State Moderate Rental**

**2017 Year-to-Date Vacancies 1**

Moderate Rental experienced one move out and one move in during February 2017. Moderate Rental has experienced 23 vacancy days since January 1, 2017 and averaged 11.5 days per vacancy through February 28, 2017. By using the HUD PHAS Management Operation formula to calculate vacancy percentage, vacancy day percentage would be calculated as follows: 81 units X 365 days = 29,565 days available; 23 days/ 29565 days available = 0.7795% percentages through February 28, 2017.

**STATE MODERATE RENTAL VACANCY/TURNOVER DAYS 2017**  
**FAMILY HOUSING**

| UNIT | Base PRIOR<br>Rent RESIDENT | MOVE-OUT  | TENANT        | NEXT<br>IN-DATE | No Of<br>Days |
|------|-----------------------------|-----------|---------------|-----------------|---------------|
| 25C  | 460 Taylor                  | 1/19/2017 | Tiana Deberry | 2/10/2017       | 22            |
| 30C  | 460 Reid                    | 2/28/2017 | Vacant        |                 | 1             |

Average number of vacancy days per vacancy: 11.5

We have experienced \$353.00 vacancy loss since January 1, 2017. We have budgeted \$834 for vacancy loss through February 28, 2017.



Minutes  
Exhibit A

**Smithfield Gardens 2017 Year-to-Date Vacancies 19**

Smithfield Gardens Assisted Living experienced 2 move-outs during February 2017. Smithfield Gardens has experienced 133 vacancy days since January 1, 2017 and averaged 22.17 days per vacancy. By using a standardized Management Operation formula to calculate vacancy percentage, vacancy day percentage would be calculated as follows: 56 units X 365 days = 20,440 days available; 113 days/ 20,440 days available = .5528% percentage through January 28, 2017.

| SMITHFIELD GARDENS |      |                |            | VACANCY/TURNOVER DAYS |              | 2017       |
|--------------------|------|----------------|------------|-----------------------|--------------|------------|
| ASSISTED LIVING    |      |                |            |                       |              |            |
| UNIT               | CR % | Prior Resident | MOVE-OUT   | TENANT                | NEXT IN-DATE | No Of Days |
| 207                | 60%  | 985 Fowler     | 9/26/2016  | Kubilius              | 1/1/2017     | 1          |
| 221                | 50%  | 825 Abamonte   | 11/17/2016 | Nowak                 | 1/27/2017    | 27         |
| 116                | 50%  | 825 Legge      | 12/16/2016 | Vacant                |              | 59         |
| 218                | 60%  | 985 Scarazzini | 12/29/2016 | Cohen                 | 1/27/2017    | 27         |
| 111                | 50%  | 825 Allison    | 2/17/2017  | Vacant                |              | 11         |
| 102                | 60%  | 985 George     | 2/20/2017  | Vacant                |              | 8          |

Average number of vacancy days per vacancy: 22.17

The vacancy loss is approximately \$2,487 since January 1, 2017. We have budgeted \$5,204 for vacancy loss through February 28, 2017.

minutes  
Exhibit II

## Section 2

### General Information

#### Complaints

##### Callahan House

Marijuana was smelled in the common area on the first floor. Seymour Police Department was called. As a result, Seymour PD processed criminal action. Seymour Housing Authority issued a pre-termination notice.

We received a complaint regarding a tenant taking down signs that another tenant had posted. The tenant requested mediation. Mediation was held residents were requested to be cordial to one another. Attorney Stamos clarified that Mediation was at the discretion of the Housing Authority and not a tool for the resident to request.

We received a complaint that a tenant shut their door in another tenant's face. We are still investigating this claim.

We had an event that involved alleged threatening situation that resulted in a resident being arrested. A Pre-termination letter was sent and we are perusing eviction proceedings.

##### Norman Ray House

We have not received any complaints for the month of February.

##### Moderate Rental

We received a complaint about bullying occurring at the bus stop involving a child being pantsed. We referred this to Seymour PD.

#### Annual Recertification

The annual process of recertification of Moderate Rental, Norman Ray House and Rev. Callahan residents is underway. Staff mailed out the Recertification packets to all residents advising them of the intake process began February 2, 2017. We have met with each resident of Callahan House and the Norman Ray House. We have met with the Moderate Rental residents as well. We hope to have all the information collected by the end of February. This year we will be closing the office to the public to process these applications for continued occupancy and prepare the rental calculations.

We have been working on the development of 34 Smith St in cooperation with BH Care. An application has been submitted to Department of Housing. We are waiting to hear the results of the application.

### **Rev. Callahan House**

- All 80 Annual Inspections for 2017 have been completed in preparation for the HUD REAC inspection to take place on February 28. Work items vary by apartment most common items is caulking of windows and bathtubs, replacing countertops, and replacing bathtub strainers.
- 2016 Capital Fund Program work items have begun and are substantially complete. The smoke alarm system was upgraded and all unit smoke detectors scheduled to be replaced were replaced. The cycle painting of 10 units was also completed. We are waiting to complete the change order for replacing the smoke detectors that control the elevator operation in a fire emergency.
- HUD REAC inspection of Callahan House occurred on February 28, 2017. There were a few findings and the inspection resulted in a score of 83.

### **Norman Ray House**

- All 40 dwelling inspections were completed for 2017 in preparation for the February 28, 2017 HUD REAC Inspection.
- HUD REAC inspection of Norman Ray House occurred on February 28, 2017. There were a few findings and the inspection resulted in a score of 91.

### **Moderate Rental**

### **Smithfield Gardens Assisted Living**

#### Occupancy Statistics:

- 95% (53 of 56 units) occupied as of 02/28/2017
- Three applications in processing
- No move-ins in February; two move-outs in February
- 8 applicants on waiting list for 60% units (\$985 rent)
- 6 applicants on waiting list for 50% units (\$825 rent)
- Average age is 84.9; age range is 66 - 99
- Average length of tenancy is 28.77 months

#### Budgeting Statistics:

Minutes  
Exhibit II

- 17 of 19 units rented at \$825
- 36 of 37 units rented at \$985
- 53 of 53 occupied units participating in the meal plan

Other:

- MRC/ALSA meetings held 2/1, 2/8, 2/15, 2/22 (attended by MRC Director, RSC & RNs)  
57 residents' statuses reviewed each week; two residents out at rehab as of  
02/28/2017
  - Resident Council Meeting held 01/26/17 – minutes follow; next meeting 02/23/17
  - February Fire Drill completed 02/25/17 (first shift)
-

Minuter  
Exhibit II

**Inspection Summary Report (POA) for Inspection #587250**

**Inspection Snapshot**

|                          |                        |                         |                     |
|--------------------------|------------------------|-------------------------|---------------------|
| <b>Inspection ID:</b>    | 587250                 | <b>Inspection Time:</b> | 08:24 AM - 12:12 PM |
| <b>Inspection Start</b>  |                        | <b>Inspection End</b>   |                     |
| <b>Date:</b>             | 02/28/2017             | <b>Date:</b>            | 02/28/2017          |
| <b>Property ID:</b>      | CT035000001            | <b>Property Type:</b>   | Public Housing      |
| <b>Property Name:</b>    | REV ALBERT A. CALLAHAN |                         |                     |
| <b>Inspection State:</b> | Successful             | <b>Score:</b>           | 83b                 |

Minor  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587250

### Property Profile

Property Name: REV ALBERT A. CALLAHAN  
Scattered Site? No Multiple Site? No  
Address Line 1: 32 SMITH Street  
Address Line 2:  
City: SEYMOUR State: CT  
ZIP: 06483 Extension: \_\_\_\_\_  
Phone: (203) 888-4579 Extension:  
Fax: Email:

| Type        | Building |        |         | Units    |        |         |
|-------------|----------|--------|---------|----------|--------|---------|
|             | Expected | Actual | Sampled | Expected | Actual | Sampled |
| Residential | 1        | 1      | 1       | 80       | 80     | 20      |
| Common      | 0        |        |         | -        | -      | -       |
| Total       | 1        | 1      | 1       | 80       | 80     | 20      |

| Occupancy Information |                |                      |
|-----------------------|----------------|----------------------|
| No. of Occupied Units | Occupancy Rate | Inspect Vacant Units |
| 79                    | 99%            | No                   |

Comments No bedbugs. Elderly housing. Boiler cert. expired 2-12-17

Minor  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587250

### Participant Profile

#### Management Agent [Primary Contact / Present During Inspection]

Name (F, MI, L): David Keyser  
Organization: Seymour Housing Authority  
Address Line 1: 28 Smith Street  
Address Line 2:  
City: Seymour State: CT  
ZIP: 06483 Extension:  
Phone: (203) 888-4579 Extension:  
Fax: (203) 888-2096 Email: djkeyser@seymorhousing.org

#### Executive Director [Not Present During Inspection]

Name (F, MI, L): David J. Keyser  
Organization: Seymour Housing Authority  
Address Line 1: 28 Smith Street  
Address Line 2:  
City: Seymour State: CT  
ZIP: 06483 Extension:  
Phone: (203) 888-4579 Extension: 11  
Fax: (203) 888-2096 Email: djkeyser@seymourhousing.org

#### Site Manager [Present During Inspection]

Name (F, MI, L): Larry Thomas  
Organization: Seymour Housing Authority  
Address Line 1: 28 Smith Street  
Address Line 2:  
City: Seymour State: CT  
ZIP: 06483 Extension:  
Phone: (203) 888-4579 Extension:  
Fax: Email:

Minutes  
Exhibit II

**Inspection Summary Report (POA) for Inspection #587250**

| Score Summary     |                 |                           |                |                |              |
|-------------------|-----------------|---------------------------|----------------|----------------|--------------|
| Area              | Possible Points | Deductions(Excluding H&S) | Pre H&S Points | H&S Deductions | Final Points |
| Site              | 14.22           | 0.00                      | 14.22          | 0.00           | 14.22        |
| Building Exterior | 16.26           | 6.06                      | 10.20          | 0.00           | 10.20        |
| Building Systems  | 21.67           | 0.00                      | 21.67          | 10.00          | 11.67        |
| Common Area       | 12.19           | 0.91                      | 11.28          | 0.00           | 11.28        |
| Unit              | 35.65           | 0.32                      | 35.34          | 0.19           | 35.14        |
| Total             | 100.00          | 7.29                      | 92.71          | 10.19          | 82.52        |

Score Version: 1

Score Date: 02/28/2017

Final Score: 83b



Minutes  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587250

### Health & Safety Summary

|                            | Site | Buildings | Units | Total | <u>Health and Safety Narrative</u><br>1 site, 1 buildings and 20 units were inspected.<br><br>3 health and safety deficiencies(HSD) were observed.<br><br><u>Percentage Inspected:</u><br>Site (PIS): 100%<br>Building (PIB): 100%<br>Unit (PIU): 25%<br><br><u>Projected HSD:</u><br>Site = (Actual HSDB) / PIS<br>Building = (Actual HSDB) / PIB<br>Unit = (Actual HSDB) / PIU<br><br>If all buildings and units were inspected, it is projected that a total of 6 health and safety deficiencies would apply to the property. |
|----------------------------|------|-----------|-------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-Life Threatening (NLT) |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                     | 0    | 2         | 1     | 3     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                  | 0    | 2         | 4     | 6     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Life Threatening (LT)      |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                     | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                  | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Smoke Detectors (SD)       |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                     | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                  | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Overall                    |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                     | 0    | 2         | 1     | 3     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                  | 0    | 2         | 4     | 6     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

# Minutes Exhibit II

## Inspection Summary Report (POA) for Inspection #587250

### Systemic Deficiencies

| Type     | Area | Item            | Deficiency                                   | B/U with defects | Total B/U | %   |
|----------|------|-----------------|----------------------------------------------|------------------|-----------|-----|
| Capital  | BE   | Walls           | BE- Cracks/Gaps (Walls)                      | 1                | 1         | 100 |
| Capital  | BS   | Fire Protection | BS- Missing Sprinkler Head (Fire Protection) | 1                | 1         | 100 |
| Ordinary | CA   | Walls           | CA - Damaged (Walls)                         | 1                | 1         | 100 |

#### Note:

B/U - Indicates Buildings or Units

BE - Indicates Building Exterior

BS - Indicates Building Systems

CA - Indicates Common Areas

Capital items are repairs that generally require large cash outlays. (Items such as new roofs and new appliances)

Ordinary items are repairs that require smaller cash outlays. (Items such as light fixtures, fire extinguishers and smoke detectors)

# Minutec Exhibit II

## Inspection Summary Report (POA) for Inspection #587250

### Building/Unit Summary

| Entity   | Expected | Actual | # Inspected | # Reported Uninspectable |
|----------|----------|--------|-------------|--------------------------|
| Building | 1        | 1      | 1           | 0                        |
| Unit     | 80       | 80     | 20          | 0                        |

### Building 001 - Reverend Callahan House [ Sample , Inspected ]

Address Line 1: 32 Smith Street

Address Line 2:

City: Seymour

State: CT

Zip: 06483

Extension:

| Type               | Constructed In | Floors | Expected Unit Count | Actual Unit Count |
|--------------------|----------------|--------|---------------------|-------------------|
| Elevator Structure | 1970           | 4      | 80                  | 80                |

### Comments:

| Unit # | # Bedrooms | Occupied? | UnInspected Reason? |
|--------|------------|-----------|---------------------|
| 1B     | 1 Bedroom  | Yes       |                     |
| 1F     | 0 Bedroom  | Yes       |                     |
| 1K     | 0 Bedroom  | Yes       |                     |
| 1P     | 0 Bedroom  | Yes       |                     |
| 2D     | 0 Bedroom  | Yes       |                     |
| 2H     | 0 Bedroom  | Yes       |                     |
| 2M     | 0 Bedroom  | Yes       |                     |
| 2R     | 0 Bedroom  | Yes       |                     |
| 2V     | 1 Bedroom  | Yes       |                     |
| 3B     | 1 Bedroom  | Yes       |                     |
| 3F     | 0 Bedroom  | Yes       |                     |
| 3K     | 0 Bedroom  | Yes       |                     |
| 3P     | 0 Bedroom  | Yes       |                     |
| 3T     | 0 Bedroom  | Yes       |                     |
| 3X     | 1 Bedroom  | Yes       |                     |
| 4D     | 0 Bedroom  | Yes       |                     |
| 4H     | 0 Bedroom  | Yes       |                     |
| 4M     | 0 Bedroom  | Yes       |                     |
| 4R     | 0 Bedroom  | Yes       |                     |

Minutes  
Exhibit II

**Inspection Summary Report (POA) for Inspection #587250**

|    |           |     |  |
|----|-----------|-----|--|
| 4V | 1 Bedroom | Yes |  |
|----|-----------|-----|--|

Minutes  
Exhibit II

**Inspection Summary Report (POA) for Inspection #587250**

| Certificates                        |                                                        |
|-------------------------------------|--------------------------------------------------------|
| Certificate Item                    | Certificate State                                      |
| Boilers                             | No - This certificate cannot be provided or is expired |
| Elevators                           | No - This certificate cannot be provided or is expired |
| Fire Alarms                         | Yes - This certificate is provided or is not expired   |
| Lead-Based Paint Disclosure Forms   | Yes - This certificate is provided or is not expired   |
| Lead-Based Paint Inspection Reports | No - This certificate cannot be provided or is expired |
| Sprinkler Systems                   | Yes - This certificate is provided or is not expired   |

# Minutes Exhibit II

## Inspection Summary Report (POA) for Inspection #587250

### Score Details

**Note:** The inspection software allows for the recording of the same deficiency as many times as it occurs. However, it is only scored once. The number within the parenthesis after the Deficiency indicates the number of observations for this inspectable area. For example; "Site - Spalling (Walkway / Steps) (4)" indicates the deficiency was observed and recorded 4 times under Site. Each individual observation can be found in the **Deficiency Details** section of this report.

| Item                                                                                       | Deficiency                  | Severity | Points Deducted | Points Received |
|--------------------------------------------------------------------------------------------|-----------------------------|----------|-----------------|-----------------|
| <b>Building 001 - Reverend Callahan House - Building Exterior [Possible Points: 16.26]</b> |                             |          |                 |                 |
| <b>Non-Health And Safety Deficiencies</b>                                                  |                             |          |                 |                 |
| Walls                                                                                      | BE- Cracks/Gaps (Walls) (2) | Level 2  | 6.06            |                 |
|                                                                                            |                             |          | <b>6.06</b>     | <b>10.20</b>    |

|                                                                                           |                                                        |         |              |              |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------|---------|--------------|--------------|
| <b>Building 001 - Reverend Callahan House - Building Systems [Possible Points: 21.67]</b> |                                                        |         |              |              |
| <b>Health And Safety Deficiencies</b>                                                     |                                                        |         |              |              |
| Fire Protection                                                                           | BS- Missing Sprinkler Head (Fire Protection) (2) (NLT) | Level 3 | 10.00        |              |
|                                                                                           |                                                        |         | <b>10.00</b> | <b>11.67</b> |

|                                                                                       |                      |         |             |              |
|---------------------------------------------------------------------------------------|----------------------|---------|-------------|--------------|
| <b>Building 001 - Reverend Callahan House - Common Areas [Possible Points: 12.19]</b> |                      |         |             |              |
| <b>Non-Health And Safety Deficiencies</b>                                             |                      |         |             |              |
| Walls                                                                                 | CA - Damaged (Walls) | Level 1 | 0.91        |              |
|                                                                                       |                      |         | <b>0.91</b> | <b>11.28</b> |

|                                                                                 |                                                    |         |             |             |
|---------------------------------------------------------------------------------|----------------------------------------------------|---------|-------------|-------------|
| <b>Building 001 - Reverend Callahan House - Unit 1F [Possible Points: 1.78]</b> |                                                    |         |             |             |
| <b>Non-Health And Safety Deficiencies</b>                                       |                                                    |         |             |             |
| Ceiling                                                                         | Unit - Holes/Missing Tiles/Panels/Cracks (Ceiling) | Level 1 | 0.06        |             |
|                                                                                 |                                                    |         | <b>0.06</b> | <b>1.73</b> |

|                                                                                 |                                       |         |             |             |
|---------------------------------------------------------------------------------|---------------------------------------|---------|-------------|-------------|
| <b>Building 001 - Reverend Callahan House - Unit 1P [Possible Points: 1.78]</b> |                                       |         |             |             |
| <b>Non-Health And Safety Deficiencies</b>                                       |                                       |         |             |             |
| Doors                                                                           | Unit - Damaged Hardware/Locks (Doors) | Level 1 | 0.05        |             |
|                                                                                 |                                       |         | <b>0.05</b> | <b>1.73</b> |

|                                                                                 |                                    |         |      |  |
|---------------------------------------------------------------------------------|------------------------------------|---------|------|--|
| <b>Building 001 - Reverend Callahan House - Unit 3T [Possible Points: 1.78]</b> |                                    |         |      |  |
| <b>Non-Health And Safety Deficiencies</b>                                       |                                    |         |      |  |
| Walls                                                                           | Unit - Damaged (Walls)             | Level 1 | 0.04 |  |
| Walls                                                                           | Unit - Peeling/Needs Paint (Walls) | Level 1 | 0.01 |  |

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Exhibit II

Inspection Summary Report (POA) for Inspection #587250

| Item                                                                             | Deficiency                                                 | Severity | Points Deducted | Points Received |
|----------------------------------------------------------------------------------|------------------------------------------------------------|----------|-----------------|-----------------|
|                                                                                  |                                                            |          | 0.05            | 1.73            |
| <b>Building 001 - Reverend Callahan House - Unit 4H [Possible Points : 1.78]</b> |                                                            |          |                 |                 |
| <b>Health And Safety Deficiencies</b>                                            |                                                            |          |                 |                 |
| Windows                                                                          | Unit - Inoperable/Not Lockable (Windows) (NLT )            | Level 3  | 0.19            |                 |
|                                                                                  |                                                            |          | 0.19            | 1.59            |
| <b>Building 001 - Reverend Callahan House - Unit 4M [Possible Points : 1.78]</b> |                                                            |          |                 |                 |
| <b>Non-Health And Safety Deficiencies</b>                                        |                                                            |          |                 |                 |
| Kitchen Items                                                                    | Unit - Refrigerator - Missing/Damaged/Inoperable (Kitchen) | Level 1  | 0.16            |                 |
|                                                                                  |                                                            |          | 0.16            | 1.62            |

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Exh. B. II

## Inspection Summary Report (POA) for Inspection #587250

### Deficiency Details

| Item | Location/Comments | Deficiency/Severity | Decisions |
|------|-------------------|---------------------|-----------|
|------|-------------------|---------------------|-----------|

#### Site - REV ALBERT A. CALLAHAN - Site(0)

##### Non-Health And Safety Deficiencies

|                              |                         |                                                                                               |                                                                                                                                                                                             |
|------------------------------|-------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parking Lots/Driveways/Roads | Reverend Callahan House | Site - Cracks/Settlement/Heaving/Loose Materials/Potholes (Parking Lots/Driveways/Roads) - L2 | - Damaged paving<br>- Cracks greater than or equal to 3/4"<br>- This condition DOES NOT RESULT in a Health and Safety concern.                                                              |
| Walkways and Steps           | Reverend Callahan House | Site - Cracks/Settlement/Heaving (Walkways/Steps) - L2                                        | - Cracks, Settlement, or Heaving (includes concrete porches and entry stoops)<br>- Cracks greater than or equal to 3/4"<br>- This condition DOES NOT RESULT in a Health and Safety concern. |

#### Building 001 - Reverend Callahan House[Sample,Inspected] - Building Exterior

##### Non-Health And Safety Deficiencies

|       |                                     |                              |                                                              |
|-------|-------------------------------------|------------------------------|--------------------------------------------------------------|
| Walls | Back 2nd floor 6th window head      | BE- Cracks/Gaps (Walls) - L2 | - Cracks or Gaps<br>- Greater than 1/8" wide/deep by 6" long |
| Walls | front. above 3rd window. 2nd floor. | BE- Cracks/Gaps (Walls) - L2 | - Cracks or Gaps<br>- Greater than 1/8" wide/deep by 6" long |

#### Building 001 - Reverend Callahan House[Sample,Inspected] - Building Systems

##### Non-Health And Safety Deficiencies

##### Health And Safety Deficiencies

|                 |                          |                                                         |                                                                                                                    |
|-----------------|--------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Fire Protection | Floor 3<br>Unit 3* paint | BS- Missing Sprinkler Head (Fire Protection) (NLT) - L3 | - Sprinkler head or its components missing, visibly damaged, blocked, capped or the sprinkler head is painted over |
| Fire Protection | Floor 2<br>Unit 2H bath  | BS- Missing Sprinkler Head (Fire Protection) (NLT) - L3 | - Sprinkler head or its components missing, visibly damaged, blocked, capped                                       |



# minutes Exhibits II

## Inspection Summary Report (POA) for Inspection #587250

| Item | Location/Comments | Deficiency/Severity | Decisions                             |
|------|-------------------|---------------------|---------------------------------------|
|      |                   |                     | or the sprinkler head is painted over |

### Building 001 - Reverend Callahan House[Sample,Inspected] - Common Areas

#### Non-Health And Safety Deficiencies

|              |                          |                           |                                                                                                                                   |
|--------------|--------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Laundry Room | Floor 3<br>missing cover | CA - Damaged (Walls) - L1 | <ul style="list-style-type: none"> <li>- Hole(s)</li> <li>- Between one square inch, but smaller than a sheet of paper</li> </ul> |
|--------------|--------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

### Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 1B

None

### Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 1F

#### Non-Health And Safety Deficiencies

|         |                                     |                                                             |                                                                                                      |
|---------|-------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Ceiling | Bathroom<br>a app at sprinkler head | Unit - Holes/Missing Tiles/<br>Panels/Cracks (Ceiling) - L1 | <ul style="list-style-type: none"> <li>- Hole(s)</li> <li>- Smaller than a sheet of paper</li> </ul> |
|---------|-------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

### Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 1K

None

### Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 1P

#### Non-Health And Safety Deficiencies

|       |         |                                                |                                                                                                                                                                                                                                    |
|-------|---------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Doors | Hallway | Unit - Damaged Hardware/<br>Locks (Doors) - L1 | <ul style="list-style-type: none"> <li>- All Other Doors (includes closet or other interior doors)</li> <li>- Hardware is damaged or missing</li> <li>- Closet door does not function as it should or cannot be locked.</li> </ul> |
|-------|---------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 2D

None

### Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 2H

None

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Exhibit II

# Inspection Summary Report (POA) for Inspection #587250

| Item                                                               | Location/Comments | Deficiency/Severity | Decisions |
|--------------------------------------------------------------------|-------------------|---------------------|-----------|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 2M |                   |                     |           |
| None                                                               |                   |                     |           |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 2R |  |  |  |
| None                                                               |  |  |  |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 2V |  |  |  |
| None                                                               |  |  |  |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 3B |  |  |  |
| None                                                               |  |  |  |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 3F |  |  |  |
| None                                                               |  |  |  |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 3K |  |  |  |
| None                                                               |  |  |  |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 3P |  |  |  |
| None                                                               |  |  |  |

|                                                                    |                                |                                            |                                                                                                                  |
|--------------------------------------------------------------------|--------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 3T |                                |                                            |                                                                                                                  |
| <b>Non-Health And Safety Deficiencies</b>                          |                                |                                            |                                                                                                                  |
| Walls                                                              | Bathroom<br>missing vent cover | Unit - Damaged (Walls) -<br>L1             | - Hole(s)<br>- Between one square inch<br>and up to a sheet of paper,<br>but, you cannot see through<br>the hole |
| Walls                                                              | Living Area<br>start of hall   | Unit - Peeling/Needs Paint<br>(Walls) - L1 | - Peeling Paint or Needs<br>Paint<br>- 1 to 4 square feet of wall<br>area                                        |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 3X |  |  |  |
| None                                                               |  |  |  |

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 4D |  |  |  |
| None                                                               |  |  |  |

*Minutes  
Exhibit II*

**Inspection Summary Report (POA) for Inspection #587250**

| Item                                                                      | Location/Comments             | Deficiency/Severity                                                    | Decisions                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 4H</b> |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| <b>Non-Health And Safety Deficiencies</b>                                 |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| <b>Health And Safety Deficiencies</b>                                     |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| Windows                                                                   | Living Area<br>broken balance | Unit - Inoperable/Not<br>Lockable (Windows) (NLT)<br>- L3              | <ul style="list-style-type: none"> <li>- Lock/Operability</li> <li>- Window cannot be opened or will not stay open (If the window is designed to do so.)</li> <li>- Window is on 4th floor or above</li> <li>- There is NOT another operable window in the same floor area.</li> </ul> |
| <b>Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 4M</b> |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| <b>Non-Health And Safety Deficiencies</b>                                 |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| Kitchen Items                                                             | Kitchen                       | Unit - Refrigerator - Missing<br>/Damaged/Inoperable<br>(Kitchen) - L1 | <ul style="list-style-type: none"> <li>- Refrigerator</li> <li>- Door seals are deteriorated</li> </ul>                                                                                                                                                                                |
| <b>Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 4R</b> |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| None                                                                      |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| <b>Building 001 - Reverend Callahan House[Sample,Inspected] - Unit 4V</b> |                               |                                                                        |                                                                                                                                                                                                                                                                                        |
| None                                                                      |                               |                                                                        |                                                                                                                                                                                                                                                                                        |

## Minor Exhibit II

### **Notice: Modifications to the Inspection Summary Report**

With the rollout of the new Uniform Physical Condition Standards (UPCS) inspection software (version 4.0), PIH-REAC now has the capability to collect more detailed information about observations made during the inspection of properties. Therefore, the report has been modified to provide this detailed information, and also to make the results of the inspection more clear. The following explains the major changes to the report.

**Changes to Score Summary** - The section of the report, which summarizes the score, has been modified to better explain how the final score was derived for the property, and the source of lost points. Additionally, score information from the two most recent inspections of the property is provided to allow comparison to this inspection's score.

**Addition of scored and non-scored deficiency reports** - The section of the report that displays observed deficiencies has been divided into two sections: the Score Report and the Deficiency Report. Non-scored deficiencies refer to multiple deficiencies of the same type observed with the same sub-area, they are reported for informational purposes only and are not scored. Only one deficiency of the same type for the same sub-area is counted for scoring purposes.

**Score Report** - a detailed account of only the scored deficiencies by sub-area.

**Deficiency Report** - A detailed account of all deficiencies, both scored and non-scored, by sub-area. In addition, standardized locations and more descriptive information for each deficiency are provided.

To read more about the above, and for additional assistance in understanding the report, you may access the Inspection Summary Report Guide (version 4.0) at <http://www.hud.gov/offices/reac/products/pass/inspectionrpt40.cfm>

Minutes  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587252

### Inspection Snapshot

|                               |                  |                             |                     |
|-------------------------------|------------------|-----------------------------|---------------------|
| <b>Inspection ID:</b>         | 587252           | <b>Inspection Time:</b>     | 01:15 PM - 03:33 PM |
| <b>Inspection Start Date:</b> | 02/28/2017       | <b>Inspection End Date:</b> | 02/28/2017          |
| <b>Property ID:</b>           | CT035000002      | <b>Property Type:</b>       | Public Housing      |
| <b>Property Name:</b>         | Norman Ray House |                             |                     |
| <b>Inspection State:</b>      | Successful       | <b>Score:</b>               | 91b                 |

Minor  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587252

### Property Profile

**Property Name:** Norman Ray House  
**Scattered Site?** No **Multiple Site?** No  
**Address Line 1:** 133 Walnut Street  
**Address Line 2:**  
**City:** Seymour **State:** CT  
**ZIP:** 06483 **Extension:** 3659  
**Phone:** (203) 888-4579 **Extension:**  
**Fax:** **Email:**

| Type        | Building |        |         | Units    |        |         |
|-------------|----------|--------|---------|----------|--------|---------|
|             | Expected | Actual | Sampled | Expected | Actual | Sampled |
| Residential | 1        | 1      | 1       | 40       | 40     | 16      |
| Common      | 0        |        |         | -        | -      | -       |
| Total       | 1        | 1      | 1       | 40       | 40     | 16      |

| Occupancy Information |                |                      |
|-----------------------|----------------|----------------------|
| No. of Occupied Units | Occupancy Rate | Inspect Vacant Units |
| 40                    | 100%           | No                   |

**Comments** No bedbugs. Elderly housing. Electric heat

Minuter  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587252

### Participant Profile

#### Management Agent [Primary Contact / Present During Inspection]

Name (F, MI, L): David Keyser  
Organization: Seymour Housing Authority  
Address Line 1: 28 Smith St.  
Address Line 2:  
City: Seymour State: CT  
ZIP: 06483 Extension:  
Phone: (203) 888-4579 Extension:  
Fax: (203) 888-2096 Email: djkeyser@seymourhousing.org

#### Executive Director [Not Present During Inspection]

Name (F, MI, L): David J. Keyser  
Organization: Seymour Housing Authority  
Address Line 1: 28 Smith St.  
Address Line 2:  
City: Seymour State: CT  
ZIP: 06483 Extension:  
Phone: (203) 888-4579 Extension:  
Fax: (203) 888-2096 Email: djkeyser@seymourhousing.org

#### Site Manager [Present During Inspection]

Name (F, MI, L): Larry Thomas  
Organization: Seymour Housing Authority  
Address Line 1: 28 Smith Street  
Address Line 2:  
City: Seymour State: CT  
ZIP: 06483 Extension:  
Phone: (203) 888-4579 Extension:  
Fax: Email:

Minuter  
Exhibit II

**Inspection Summary Report (POA) for Inspection #587252**

| Score Summary     |                 |                           |                |                |              |
|-------------------|-----------------|---------------------------|----------------|----------------|--------------|
| Area              | Possible Points | Deductions(Excluding H&S) | Pre H&S Points | H&S Deductions | Final Points |
| Site              | 15.14           | 0.00                      | 15.14          | 0.00           | 15.14        |
| Building Exterior | 17.31           | 3.87                      | 13.44          | 0.00           | 13.44        |
| Building Systems  | 18.34           | 0.00                      | 18.34          | 0.00           | 18.34        |
| Common Area       | 11.25           | 3.89                      | 7.36           | 0.00           | 7.36         |
| Unit              | 37.96           | 0.78                      | 37.18          | 0.00           | 37.18        |
| Total             | 100.00          | 8.54                      | 91.46          | 0.00           | 91.46        |

Score Version: 1

Score Date: 02/28/2017

Final Score: 91b



Miami  
Exhibit #

## Inspection Summary Report (POA) for Inspection #587252

### Health & Safety Summary

|                                   | Site | Buildings | Units | Total | <b>Health and Safety Narrative</b><br>1 site, 1 buildings and 16 units were inspected.<br><br>1 health and safety deficiencies(HSD) were observed.<br><br><b>Percentage Inspected:</b><br>Site (PIS): 100%<br>Building (PIB): 100%<br>Unit (PIU): 40%<br><br><b>Projected HSD:</b><br>Site = (Actual HSDS) / PIS<br>Building = (Actual HSDB) / PIB<br>Unit = (Actual HSDU) / PIU<br><br>If all buildings and units were inspected, it is projected that a total of 3 health and safety deficiencies would apply to the property. |
|-----------------------------------|------|-----------|-------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Non-Life Threatening (NLT)</b> |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                            | 0    | 0         | 1     | 1     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                         | 0    | 0         | 3     | 3     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Life Threatening (LT)</b>      |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                            | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                         | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Smoke Detectors (SD)</b>       |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                            | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                         | 0    | 0         | 0     | 0     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Overall</b>                    |      |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Actual                            | 0    | 0         | 1     | 1     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Projected                         | 0    | 0         | 3     | 3     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Miaule  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587252

### Systemic Deficiencies

| Type     | Area | Item  | Deficiency                                | B/U with defects | Total B/U | %   |
|----------|------|-------|-------------------------------------------|------------------|-----------|-----|
| Ordinary | BE   | Walls | BE- Missing Pieces/Holes/Spalling (Walls) | 1                | 1         | 100 |
| Ordinary | CA   | Doors | CA - Damaged Hardware/Locks (Doors)       | 1                | 1         | 100 |

Note:

B/U - Indicates Buildings or Units

BE - Indicates Building Exterior

BS - Indicates Building Systems

CA - Indicates Common Areas

Capital items are repairs that generally require large cash outlays. (Items such as new roofs and new appliances)

Ordinary items are repairs that require smaller cash outlays (Items such as light fixtures, fire extinguishers and smoke detectors)

Miaufog  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587252

### Building/Unit Summary

| Entity   | Expected | Actual | # Inspected | # Reported Uninspectable |
|----------|----------|--------|-------------|--------------------------|
| Building | 1        | 1      | 1           | 0                        |
| Unit     | 40       | 40     | 16          | 0                        |

### Building 002 - Norman Ray House [ Sample, Inspected ]

Address Line 1: 133 Walnut Street

Address Line 2:

City: Seymour

State: CT

Zip: 06483

Extension: 3659

| Type                    | Constructed In | Floors | Expected Unit Count | Actual Unit Count |
|-------------------------|----------------|--------|---------------------|-------------------|
| Walkup/Multifamily Apts | 1975           | 2      | 40                  | 40                |

### Comments:

| Unit # | # Bedrooms | Occupied? | Uninspected Reason? |
|--------|------------|-----------|---------------------|
| 1      | 0 Bedroom  | Yes       |                     |
| 4      | 0 Bedroom  | Yes       |                     |
| 6      | 0 Bedroom  | Yes       |                     |
| 9      | 0 Bedroom  | Yes       |                     |
| 11     | 0 Bedroom  | Yes       |                     |
| 14     | 1 Bedroom  | Yes       |                     |
| 16     | 0 Bedroom  | Yes       |                     |
| 19     | 0 Bedroom  | Yes       |                     |
| 21     | 1 Bedroom  | Yes       |                     |
| 24     | 0 Bedroom  | Yes       |                     |
| 26     | 0 Bedroom  | Yes       |                     |
| 29     | 0 Bedroom  | Yes       |                     |
| 31     | 0 Bedroom  | Yes       |                     |
| 34     | 0 Bedroom  | Yes       |                     |
| 36     | 0 Bedroom  | Yes       |                     |
| 39     | 1 Bedroom  | Yes       |                     |

minutes  
Exhibit #

**Inspection Summary Report (POA) for Inspection #587252**

| Certificates                        |                                                           |
|-------------------------------------|-----------------------------------------------------------|
| Certificate Item                    | Certificate State                                         |
| Boilers                             | NA - This certificate is not applicable for this property |
| Elevators                           | NA - This certificate is not applicable for this property |
| Fire Alarms                         | Yes - This certificate is provided or is not expired      |
| Lead-Based Paint Disclosure Forms   | Yes - This certificate is provided or is not expired      |
| Lead-Based Paint Inspection Reports | No - This certificate cannot be provided or is expired    |
| Sprinkler Systems                   | Yes - This certificate is provided or is not expired      |

minute  
Exhibit #

## Inspection Summary Report (POA) for Inspection #587252

### Score Details

**Note:** The inspection software allows for the recording of the same deficiency as many times as it occurs. However, it is only scored once. The number within the parenthesis after the Deficiency indicates the number of observations for this inspectable area. For example: "Site - Spalling (Walkway / Steps) (4)" indicates the deficiency was observed and recorded 4 times under Site. Each individual observation can be found in the Deficiency Details section of this report.

| Item                                                                                 | Deficiency                                                 | Severity | Points Deducted | Points Received |
|--------------------------------------------------------------------------------------|------------------------------------------------------------|----------|-----------------|-----------------|
| <b>Building 002 - Norman Ray House - Building Exterior [Possible Points : 17.31]</b> |                                                            |          |                 |                 |
| <b>Non-Health And Safety Deficiencies</b>                                            |                                                            |          |                 |                 |
| Walls                                                                                | BE- Missing Pieces/Holes/Spalling (Walls)                  | Level 2  | 3.87            |                 |
|                                                                                      |                                                            |          | <b>3.87</b>     | <b>13.44</b>    |
| <b>Building 002 - Norman Ray House - Common Areas [Possible Points : 11.25]</b>      |                                                            |          |                 |                 |
| <b>Non-Health And Safety Deficiencies</b>                                            |                                                            |          |                 |                 |
| Doors                                                                                | CA - Damaged Hardware/Locks (Doors)                        | Level 3  | 3.89            |                 |
|                                                                                      |                                                            |          | <b>3.89</b>     | <b>7.36</b>     |
| <b>Building 002 - Norman Ray House - Unit 9 [Possible Points : 2.37]</b>             |                                                            |          |                 |                 |
| <b>Non-Health And Safety Deficiencies</b>                                            |                                                            |          |                 |                 |
| Bathroom Items                                                                       | Unit - Shower/Tub - Damaged/Missing (Bathroom)             | Level 1  | 0.28            |                 |
|                                                                                      |                                                            |          | <b>0.28</b>     | <b>2.09</b>     |
| <b>Building 002 - Norman Ray House - Unit 21 [Possible Points : 2.37]</b>            |                                                            |          |                 |                 |
| <b>Non-Health And Safety Deficiencies</b>                                            |                                                            |          |                 |                 |
| Kitchen Items                                                                        | Unit - Refrigerator - Missing/Damaged/Inoperable (Kitchen) | Level 1  | 0.21            |                 |
|                                                                                      |                                                            |          | <b>0.21</b>     | <b>2.16</b>     |
| <b>Building 002 - Norman Ray House - Unit 34 [Possible Points : 2.37]</b>            |                                                            |          |                 |                 |
| <b>Non-Health And Safety Deficiencies</b>                                            |                                                            |          |                 |                 |
| Bathroom Items                                                                       | Unit - Shower/Tub - Damaged/Missing (Bathroom)             | Level 1  | 0.28            |                 |
| <b>Health And Safety Deficiencies</b>                                                |                                                            |          |                 |                 |
| Hazards                                                                              | HS - Tripping (Hazards) (NLT )                             | Level 3  | 0.00            |                 |
|                                                                                      |                                                            |          | <b>0.28</b>     | <b>2.09</b>     |

minutes  
Exhibit A

## Inspection Summary Report (POA) for Inspection #587252

| Deficiency Details                                                           |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item                                                                         | Location/Comments                              | Deficiency/Severity                                                                           | Decisions                                                                                                                                                                                                                                                 |
| <b>Site - Norman Ray House - Site(0)</b>                                     |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
| <b>Non-Health And Safety Deficiencies</b>                                    |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
| Parking Lots/Driveways/Roads                                                 | Norman Ray House                               | Site - Cracks/Settlement/Heaving/Loose Materials/Potholes (Parking Lots/Driveways/Roads) - L2 | <ul style="list-style-type: none"> <li>- Damaged paving</li> <li>- Cracks greater than or equal to 3/4"</li> <li>- This condition DOES NOT RESULT in a Health and Safety concern.</li> </ul>                                                              |
| Walkways and Steps                                                           | Norman Ray House                               | Site - Cracks/Settlement/Heaving (Walkways/Steps) - L2                                        | <ul style="list-style-type: none"> <li>- Cracks, Settlement, or Heaving (includes concrete porches and entry stoops)</li> <li>- Cracks greater than or equal to 3/4"</li> <li>- This condition DOES NOT RESULT in a Health and Safety concern.</li> </ul> |
| Walkways and Steps                                                           | Norman Ray House                               | Site - Cracks/Settlement/Heaving (Walkways/Steps) - L2                                        | <ul style="list-style-type: none"> <li>- Cracks, Settlement, or Heaving (includes concrete porches and entry stoops)</li> <li>- Cracks greater than or equal to 3/4"</li> <li>- This condition DOES NOT RESULT in a Health and Safety concern.</li> </ul> |
| <b>Building 002 - Norman Ray House[Sample,Inspected] - Building Exterior</b> |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
| <b>Non-Health And Safety Deficiencies</b>                                    |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
| Walls                                                                        | Damaged wall vent Front first floor right side | BE- Missing Pieces/Holes/Spalling (Walls) - L2                                                | <ul style="list-style-type: none"> <li>- Hole(s)</li> <li>- Greater than 1/2" in diameter, but smaller than a sheet of paper</li> </ul>                                                                                                                   |
| <b>Building 002 - Norman Ray House[Sample,Inspected] - Building Systems</b>  |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
| None                                                                         |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
| <b>Building 002 - Norman Ray House[Sample,Inspected] - Common Areas</b>      |                                                |                                                                                               |                                                                                                                                                                                                                                                           |
| <b>Non-Health And Safety Deficiencies</b>                                    |                                                |                                                                                               |                                                                                                                                                                                                                                                           |

Minutes  
Exhibit II

## Inspection Summary Report (POA) for Inspection #587252

| Item           | Location/Comments              | Deficiency/Severity                          | Decisions                                                                                                                                                                                                                        |
|----------------|--------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community Room | Floor 1<br>Does not self latch | CA - Damaged Hardware/<br>Locks (Doors) - L3 | <ul style="list-style-type: none"> <li>- Restroom Door or Fire/<br/>Emergency Door</li> <li>- Hardware is damaged or<br/>missing</li> <li>- Door does not function as it<br/>should (it does not properly<br/>latch).</li> </ul> |

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 1

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 11

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 14

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 16

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 19

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 21

#### Non-Health And Safety Deficiencies

|               |         |                                                                        |                                                                                                         |
|---------------|---------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Kitchen Items | Kitchen | Unit - Refrigerator - Missing<br>/Damaged/Inoperable<br>(Kitchen) - L1 | <ul style="list-style-type: none"> <li>- Refrigerator</li> <li>- Door seals are deteriorated</li> </ul> |
|---------------|---------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 24

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 26

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 29

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 31

Minors  
Exhibit #

## Inspection Summary Report (POA) for Inspection #587252

| Item | Location/Comments | Deficiency/Severity | Decisions |
|------|-------------------|---------------------|-----------|
| None |                   |                     |           |

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 34

#### Non-Health And Safety Deficiencies

|                |                         |                                                           |                                                                                                          |
|----------------|-------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Bathroom Items | Bathroom<br>not working | Unit - Shower/Tub -<br>Damaged/Missing<br>(Bathroom) - L1 | - Shower or Tub (Unit)<br>- A stopper is missing (only if<br>there is no stopper in the<br>visible area) |
|----------------|-------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

#### Health And Safety Deficiencies

|         |                                |                                       |                                                                     |
|---------|--------------------------------|---------------------------------------|---------------------------------------------------------------------|
| Hazards | Living Area<br>Cables on floor | HS - Tripping (Hazards)<br>(NLT) - L3 | - Tripping (not related to<br>elevators) - poses a tripping<br>risk |
|---------|--------------------------------|---------------------------------------|---------------------------------------------------------------------|

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 36

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 39

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 4

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 6

None

### Building 002 - Norman Ray House[Sample,Inspected] - Unit 9

#### Non-Health And Safety Deficiencies

|                |                          |                                                           |                                                                                                          |
|----------------|--------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Bathroom Items | Bathroom<br>disconnected | Unit - Shower/Tub -<br>Damaged/Missing<br>(Bathroom) - L1 | - Shower or Tub (Unit)<br>- A stopper is missing (only if<br>there is no stopper in the<br>visible area) |
|----------------|--------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|



Minutes  
Exhibit II

### **Notice: Modifications to the Inspection Summary Report**

With the rollout of the new Uniform Physical Condition Standards (UPCS) inspection software (version 4.0), PIH-REAC now has the capability to collect more detailed information about observations made during the inspection of properties. Therefore, the report has been modified to provide this detailed information, and also to make the results of the inspection more clear. The following explains the major changes to the report.

**Changes to Score Summary** - The section of the report, which summarizes the score, has been modified to better explain how the final score was derived for the property, and the source of lost points. Additionally, score information from the two most recent inspections of the property is provided to allow comparison to this inspection's score.

**Addition of scored and non-scored deficiency reports** - The section of the report that displays observed deficiencies has been divided into two sections: the Score Report and the Deficiency Report. Non-scored deficiencies refer to multiple deficiencies of the same type observed with the same sub-area, they are reported for informational purposes only and are not scored. Only one deficiency of the same type for the same sub-area is counted for scoring purposes.

**Score Report** - a detailed account of only the scored deficiencies by sub-area.

**Deficiency Report** - A detailed account of all deficiencies, both scored and non-scored, by sub-area. In addition, standardized locations and more descriptive information for each deficiency are provided.

To read more about the above, and for additional assistance in understanding the report, you may access the Inspection Summary Report Guide (version 4.0) at <http://www.hud.gov/offices/reac/products/pass/inspectionrpt40.cfm>

to begin the eviction process; however, and thereby the Seymour Housing Authority reserves the right to invoke Summary Process to resolve the issue. In the event that Conflict Resolution is not successful and the parties do not reach an acceptable agreement and abide by the terms of said agreement, the Seymour Housing Authority may begin Summary Process against either the complainer or the subject of a complaint by another resident, or both as described in Section 11, termination of the Lease.

- M. To assure that the tenant, any member of the household, a guest, or another person under the tenant's control shall not engage in:
1. Any criminal activity or non-criminal activity that threatens the health, safety, or right to peaceful enjoyment of the public housing premises by other residents or employees of the Seymour Housing Authority, or
  2. Any drug-related criminal activity on or near such premises.

For purposes of sub-parts 1 and 2 of this sub-paragraph M and any other part of this Lease, the term drug-related criminal activity means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell distribute, or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) and Chapter 420b of the Connecticut General Statutes part 1.

3. **Civil Activity.** For any dwelling units covered by 24 Code of Federal Regulation (CFR) part 965, subpart G, any smoking of prohibited products in restricted areas, as defined by 24 CFR 965.653(2), or in other outdoor areas that the PHA has designated as smoke-free.

**For purposes of sub-part 3 of this sub-paragraph M the Rev. Callahan House located at 32 Smith Street is a property covered under 24 CFR part 965 as well as all the dwelling units therein. The designated smoke-free area outdoors is any area that is 25 feet away from the building.**

- N. To receive one set of keys, building entry, apartment entry, and mailbox. The same must be relinquished upon termination of the Lease. The tenant shall be responsible for rent until he/she returns his set of keys to the Seymour Housing Authority, unless he/she can give a reasonable explanation for the whereabouts of said keys.
- O. The Tenant agrees not to make repairs or alterations to the dwelling nor to install any major appliances, such as air conditioners without the consent of the Authority;
- P. Children or minors visiting the premises may not walk, roam, or utilize the common areas without being accompanied by an adult member of the household;
- Q. The Seymour Housing Authority offers a limited number of off street parking spaces for tenants only. The parking spaces are numerically identified. Tenants will be assigned spaces in first order of priority on a first come first serve basis to the limit of the parking spaces available. All others must park on Smith Street in accordance with the Town of Seymour parking regulations. A waiting list for off street parking will be kept by the Seymour Housing Authority and tenants who do not have an assigned space will be placed on the list in first order of priority on a first come first serve basis.
- R. In as much as there is a limited number of off street parking space, the assigned spaces are for tenants only. There will be one space reserved for

Winter  
Exhibit II

IN WITNESS WHEREOF, the parties have executed the Lease Agreement this \_\_\_\_\_ at Seymour Connecticut.

Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Authority of the Town of Seymour

By: \_\_\_\_\_  
David J. Keyser, PHM  
Its: Executive Director

This is to certify that we are providing you with the following documents in addition to your lease:

|                                                 |             |
|-------------------------------------------------|-------------|
| Lead based paint disclosure                     | _____X_____ |
| "Protect Your Family from Lead<br>in your Home" | _____X_____ |
| Dwelling Inspection                             | _____X_____ |
| Grievance Procedure                             | _____X_____ |
| Rules and Regulations                           | _____X_____ |
| One Strike & You're Out                         | _____X_____ |
| Housekeeping Guide                              | _____X_____ |
| Pet Policy                                      | _____X_____ |
| Smoke Free Policy                               | _____X_____ |

I have received the above documents and the Seymour Housing Authority has explained these policies and statements to me.

Tenant: \_\_\_\_\_ Date \_\_\_\_\_

Tenant: \_\_\_\_\_ Date \_\_\_\_\_

resolution session(s). At the conclusion of the session, the parties may be asked to enter into an "in-house" binding agreement to resolve the issue(s), if the behavior at issue is not presently deemed to warrant the initiation of the eviction process.

4. The Seymour Housing Authority has the sole and unfettered discretion as to whether to invoke such conflict resolution mediation, and also is interested in resolving such matters swiftly and fairly and avoid the need to begin the eviction process; however, and thereby the Seymour Housing Authority reserves the right to invoke Summary Process to resolve the issue. In the event that Conflict Resolution is not successful and the parties do not reach an acceptable agreement and abide by the terms of said agreement, the Seymour Housing Authority may begin Summary Process against either the complainer or the subject of a complaint by another resident, or both as described in Section 11, termination of the Lease.

N. To assure that the tenant, any member of the household, a guest, or another person under the tenant's control shall not engage in:

1. Any criminal activity or non-criminal activity that threatens the health, safety, or right to peaceful enjoyment of the public housing premises by other residents or employees of the Seymour Housing Authority, or
2. Any drug-related criminal activity on or near such premises.

For purposes of sub-parts 1 and 2 of this sub-paragraph N and any other part of this Lease, the term drug-related criminal activity means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell distribute, or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) and Chapter 420b of the Connecticut General Statutes part 1.

3. **Civil Activity. For any dwelling units covered by 24 Code of Federal Regulation (CFR) part 965, subpart G, any smoking of prohibited products in restricted areas, as defined by 24 CFR 965.653(2), or in other outdoor areas that the PHA has designated as smoke-free.**

**For purposes of sub-part 3 of this sub-paragraph N the Norman Ray House located at 133 Walnut Street is a property covered under 24 CFR part 965 as well as all the dwelling units therein. The designated smoke-free area outdoors is any area that is 25 feet away from the building.**

- O. To receive one set of keys, building entry, apartment entry, and mailbox. The same must be relinquished upon termination of the Lease. The tenant shall be responsible for rent until he/she returns his set of keys to the Seymour Housing Authority, unless he/she can give a reasonable explanation for the whereabouts of said keys.
- P. The Tenant agrees not to make repairs or alterations to the dwelling nor to install any major appliances, such as air conditioners without the consent of the Authority;
- Q. Children or minors visiting the premises may not walk, roam, or utilize the common areas without being accompanied by an adult member of the household;
- R. The Seymour Housing Authority offers a limited number of off street parking spaces for tenants only. The parking spaces are numerically identified. Tenants will be assigned spaces in first order of priority on a

Miauter  
Exhibit III

16

IN WITNESS WHEREOF, the parties have executed the Lease Agreement this  
\_\_\_\_\_ day of \_\_\_\_\_ at Seymour, Connecticut.

Housing Authority of the Town of Seymour

Tenant: \_\_\_\_\_

By: \_\_\_\_\_

David J. Keyser, PHM  
Its: Executive Director

Tenant: \_\_\_\_\_

This is to certify that we are providing you with the following documents in addition to your lease:

|                                                 |             |
|-------------------------------------------------|-------------|
| Lead based paint disclosure                     | _____X_____ |
| "Protect Your Family From Lead<br>In your Home" | _____X_____ |
| Dwelling Inspection                             | _____X_____ |
| Grievance Procedure                             | _____X_____ |
| Rules and Regulations                           | _____X_____ |
| One Strike & You're Out                         | _____X_____ |
| Housekeeping Guide                              | _____X_____ |
| Pet Policy                                      | _____X_____ |
| Smoke Free Policy                               | _____X_____ |

I have received the above documents and the Seymour Housing Authority has explained these policies and statements to me.

Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

*minutes*  
*Exhibit IV*  
SMOKE FREE POLICY  
LEASE ADDENDUM  
REV. CALLAHAN HOUSE

The Seymour Housing Authority has adopted a Smoke-Free Policy and as such:

Smoking will not be permitted in individual apartments or the common spaces of the Rev. Callahan House and the Norman Ray House.

This policy applies to everyone (residents, guests, visitors, service personnel and SHA employees) who visits, lives and works at SHA properties.

6. The Tenant's Obligations: The Tenant shall be obligated to:

M. To assure that the tenant, any member of the household, a guest, or another person under the tenant's control shall not engage in:

1. Any criminal activity or non-criminal activity that threatens the health, safety, or right to peaceful enjoyment of the public housing premises by other residents or employees of the Seymour Housing Authority, or
2. Any drug-related criminal activity on or near such premises.

For purposes of sub-parts 1 and 2 of this sub-paragraph M and any other part of this Lease, the term drug-related criminal activity means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell distribute, or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) and Chapter 420b of the Connecticut General Statutes part 1.

3. **Civil Activity. For any dwelling units covered by 24 Code of Federal Regulation (CFR) part 965, subpart G, any smoking of prohibited products in restricted areas, as defined by 24 CFR 965.653(2), or in other outdoor areas that the PHA has designated as smoke-free.**

**For purposes of sub-part 3 of this sub-paragraph M the Rev. Callahan House located at 32 Smith Street is a property covered under 24 CFR part 965 as well as all the dwelling units therein. The designated smoke-free area outdoors is any area that is 25 feet away from the building.**

**ACKNOWLEDGEMENT**

*Minutes*  
*Exhibit IV*  
SMOKE FREE POLICY  
LEASE ADDENDUM  
REV. CALLAHAN HOUSE

By signing this Lease Addendum., the parties acknowledge the importance the Seymour Housing Authority places on the lives and safety of its residents. Signature below also signifies acknowledgement of this smoke free policy and the relevant sections of the Dwelling Lease have been explained to the adult members of the household. Signature constitutes agreement and understanding of household members, visitors, with the provisions of the Smoke Free Policy as promulgated by Federal Regulation. Additionally, signature of this addendum becomes part of your Lease Agreement, however, it does not change or alter any other provision, clause or statement included in the Dwelling Lease Agreement.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Owner Representative/Manager:

\_\_\_\_\_  
Date:

*Minor  
Exhibit 10*  
SMOKE FREE POLICY  
LEASE ADDENDUM  
NORMAN RAY HOUSE

The Seymour Housing Authority has adopted a Smoke-Free Policy and as such:

Smoking will not be permitted in individual apartments or the common spaces of the Rev. Callahan House and the Norman Ray House.

This policy applies to everyone (residents, guests, visitors, service personnel and SHA employees) who visits, lives and works at SHA properties.

This Lease Addendum modifies Section 6 Tenant Obligations – Sub-paragraph N as follows:

6. The Tenant's Obligations: The Tenant shall be obligated to:

N. To assure that the tenant, any member of the household, a guest, or another person under the tenant's control shall not engage in:

1. Any criminal activity or non-criminal activity that threatens the health, safety, or right to peaceful enjoyment of the public housing premises by other residents or employees of the Seymour Housing Authority, or
2. Any drug-related criminal activity on or near such premises.

For purposes of sub-parts 1 and 2 of this sub-paragraph N and any other part of this Lease, the term drug-related criminal activity means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell distribute, or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) and Chapter 420b of the Connecticut General Statutes part 1.

3. **Civil Activity. For any dwelling units covered by 24 Code of Federal Regulation (CFR) part 965, subpart G, any smoking of prohibited products in restricted areas, as defined by 24 CFR 965.653(2), or in other outdoor areas that the PHA has designated as smoke-free.**

**For purposes of sub-part 3 of this sub-paragraph N the Norman Ray House located at 133 Walnut Street is a property covered under 24 CFR part 965 as well as all the dwelling units therein. The designated smoke-free area outdoors is any area that is 25 feet away from the building.**

**ACKNOWLEDGEMENT**



Minutes  
Exhibit IV

SMOKE FREE POLICY  
LEASE ADDENDUM  
NORMAN RAY HOUSE

By signing this Lease Addendum., the parties acknowledge the importance the Seymour Housing Authority places on the lives and safety of its residents. Signature below also signifies acknowledgement of this smoke free policy and the relevant sections of the Dwelling Lease have been explained to the adult members of the household. Signature constitutes agreement and understanding of household members, visitors, with the provisions of the Smoke Free Policy as promulgated by Federal Regulation. Additionally, signature of this addendum becomes part of your Lease Agreement, however, it does not change or alter any other provision, clause or statement included in the Dwelling Lease Agreement.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Owner Representative/Manager:

\_\_\_\_\_  
Date:

minutes  
Exhibit V  
Callahan House  
Community Room  
And  
Common Area Rules

**Purpose:** To establish Rules and Regulations concerning the use of the Community Room and other Common Areas in the Rev. Callahan House. The Seymour Housing Authority wishes all tenants to use and enjoy the common spaces provided in the building including the Community Room, Dining Room and Pool Room. The use of the common areas is intended exclusively for current residents and their immediate families, as well as the Callahan House Tenant Association to enjoy a variety of social activities and events that increase the quality of life of the residents.

The common areas may not be reserved by any non-resident, or on behalf of any non-resident.

Normal and regular usage of the Community Room and other Common Areas includes TEAM Congregate Lunch, Periodic Non-denominational Services, Tenant Association Bingo, Tenant Association Monthly Meetings, Tenant Association Coffee & Cake Hour, Tenant Association Parties and Tenant Association Entertainment Functions. Activities and Educational Programming as posted by the Resident Services Coordinator or the Seymour Housing Authority would also take precedence.

### **Reservations**

The activities, including regularly occurring Callahan House Tenant Association activities have priority over individual requests for use of the Common Areas including the Community Room, Pool Room and Dining Room.

In as much as the heaviest and most regular use of the Community Room is by the Tenant Association, requests by individuals for reservation of the room will be made to the Seymour Housing Authority.

- 1) The facilities use shall be open to resident social activities deemed consistent with the enjoyment and well-being of any and all residents. No particular use of any community room should interfere with any other tenants right to peaceful enjoyment of the premises.
- 2) Reservation and use of the community rooms is restricted to residents and their immediate family members (relation by blood, marriage, adoption and/or any legally recognized guardianship or live-in aide arrangement). Use of the facility by non-residents is not permitted.
- 3) All reservations must be submitted to the Seymour Housing Authority two weeks in advance and must be in writing. The request must indicate the purpose of the stated affair (birthday party, anniversary party, card party,

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etc.) and the requested time and date. This must be sent in to be cleared, approved and scheduled through the Seymour Housing Authority. Reservation forms are available at the community room.

- 4) Reservations are intended to insure that each individual tenant has an equal opportunity to enjoy the use of the community rooms.
- 5) Activities or gatherings involving five or less individuals are welcome to utilize common areas as described without prior formal reservation (i.e. card playing, knitting, puzzle playing, pool game etc.). However, if the room will be in use by an approved activity of the Callahan House Tenant Association or Resident Services Coordinator activity, then this less formal gathering participants must relinquish the space.
- 6) Community rooms may be reserved for a maximum of four hours.
- 7) Regularly scheduled community service meetings previously mentioned are to be given reservation preference. Otherwise, reservations will be assigned on a first-come first-serve basis.

#### **Rules and Expectations**

- 1) The resident sponsoring any gathering shall be responsible for their guests; all home health aides and children must be accompanied by a resident adult and may not roam the facilities freely. The sponsoring resident is also responsible for clean-up and maintenance of the facility. No food or trash is to be left behind, all tables and community room furniture must be returned to their original place. The Housing Authority may bill a resident responsible for reserving the community area for the cost of cleaning up any function.
- 2) Excessive noise is not allowed. The community rooms are for the benefit of residents of the community, not to inconvenience members of the community.
- 3) Interruption of approved functions is not permitted and could be considered a lease violation on the basis that the interruption would interfere with peaceful enjoyment of the premises.
- 4) All approved events must conclude by 10 P.M.
- 5) Waivers past 10:00 P.M. may be granted for the Callahan House Tenants Association functions and for individuals based on extraordinary circumstances.
- 6) The resident requesting to reserve the community room must include the expected number of guests on the request form. Further, the resident is responsible for maintaining a sign-in log for any attendees of the event. This is to insure that the community rooms are being used solely by, and for the benefit of, residents.

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- 7) There is a strict no-solicitation rule associated with the Housing Authority and this Rule remains in effect during any event in any community room.
- 8) The number of guests included in the request form must be in compliance with applicable town codes as set forth by the Fire Marshall.
- 9) There is a zero tolerance policy with respect to the presence or use of prohibited tobacco products or controlled substances in the community room.
- 10) Abusive language or foul language interferes with the rights of other Tenants to the quiet and peaceful enjoyment of the premises. Such language is not allowed in common areas or in other areas where people congregate.
- 11) There are no pets allowed in the community room.
- 12) Activity tables, furniture or chairs are not to be moved, relocated or disturbed by residents, visitors or guests.

### **Bulletin Boards**

There are bulletin Boards located in the common hallway and in the elevator. Announcements and notices of activities and other information of interest to tenants will be posted on the community bulletin boards. The Seymour Housing Authority seeks to preserve integrity, fairness, and neutrality, while maintaining their own non-involvement in the administration of these spaces and policy relative to the use of community spaces in SHA developments by residents or associations. The Seymour Housing Authority does not intend to censor written material to be posted; however, it has established the rules below to ensure postings will be displayed without resulting in offensive, interference or disturbance to or by residents, guests or visitors.

### **Rules and Expectations**

1. There are Bulletin Boards on the first floor hallway outside the Pool Room and on both sides of the hallway for tenants use. There are smaller bulletin Boards on each floor near the elevator for posting as well. Posting of notices or material by tenants anywhere else on the property is strictly prohibited.
2. Permission to Post on the bulletin boards may be obtained by requesting permission from the Office of the Seymour Housing Authority prior to posting. Permission request forms are located in the community room.
3. Posting of offensive material including but not limited to abusive language or foul language is prohibited.
4. Posting of photographs will be permitted; however, a release signed by everyone who is in the photograph will be required.
5. Items that have been granted permission to be posted will remain on the bulletin boards and will be posted until such time as the matter of subject has expired. They will be removed by Seymour Housing Authority. Residents, guests or visitors may not remove items from the bulletin boards, or cross out names on sign up sheets or otherwise mark up

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postings. To do so will be considered an act of vandalism and may be considered a Lease violation.

6. Soliciting is prohibited.

### **Patio & Grills**

There are two gas grills available for resident use. One is on the patio in front of the Callahan House and another is located in the patio at the rear of the Callahan House. The Seymour Housing Authority has provided these for all residents to use during the summer. The grills are for resident use only and they may be used by residents at any time. However, If you are planning a cook out for more than 3 or 4 people reservations are required three days in advance of your event. Reservations will be made by contacting the Seymour Housing Authority. Reservation request forms may be found in the community room of the Rev. Callahan House.