

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2002

# The WestGeorgiaConsortium

**ConsistingofthefollowingHousingAuthorities:**

**TheHousingA uthorityoftheCityofArlington,Georgia  
TheHousingAuthorityoftheCityofCuthbert,Georgia  
TheHousingAuthorityoftheCityofFortGaines,Georgia  
TheHousingAuthorityoftheCityofShellman,Georgia**

**NOTE:THISPHAPLANSTE MPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

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HUD50075  
OMBApprovalNo:2577 -0226  
Expires:03/31/2002

## **PHA Plan Agency Identification**

**PHAName:** The West Georgia Consortium

This is a joint plan for a consortium. The West Georgia Consortium consists of the following Housing Authorities and programs:

- **The Housing Authority of the City of Arlington (“Arlington”) GA111**  
  
Public Housing Program consisting of 24 units  
Capital Fund Program  
Operating Fund
  
- **The Housing Authority of the City of Cuthbert (“Cuthbert”) GA226**  
  
Public Housing Program consisting of 122 units  
Public Housing Drug Elimination Program  
Capital Fund Program  
Operating Fund
  
- **The Housing Authority of the City of Fort Gaines (“Fort Gaines”) GA167**  
  
Public Housing Program consisting of 24 units  
Capital Fund Program  
Operating Fund
  
- **The Housing Authority of the City of Shellman, Georgia (“Shellman”) GA229**  
  
Public Housing Program consisting of 20 units  
Capital Fund Program  
Operating Fund

The West Georgia Consortium Agreement designates the Housing Authority of the City of Cuthbert as the “lead agency”.

**PHANumber:** Arlington:GA111;Cuthbert:GA226;FortGaines:GA167;  
Shellman:GA229

**PHAFiscalYearBeginning:(mm/yyyy)** 01/2002

Notice PIH2000 -43(HA) requires that all PHAs in a consortium have the same fiscal year start date. The Housing Authority of the City of Arlington requested and received approval from HUD, by letter dated May 25, 2001, to change its fiscal year to start January 1, 2002. Therefore, all participating agencies in the West Georgia Consortium have a fiscal year starting date of January 1, 2002.

### **PHA Plan Contact Information:**

Name: Walter M. Mattox, Executive Director of the Housing Authority of the City of Cuthbert (lead agency)

Phone: (229) 732-2128

TDD: (229) 732-2128

Email (if available): mattoxcha@alltel.net

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

Main administrative office of the PHA

Information regarding any activities outlined in this Agency Plan for all participating Housing Authorities in the West Georgia Consortium can be obtained by contacting the Housing Authority of the City of Cuthbert.

PHA development management offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

Main administrative office of the PHA

The PHA Plans (including attachment) for all participating agencies in the West Georgia Consortium are available for public inspection at the Housing Authority of the City of Cuthbert

PHA development management offices

Main administrative office of the local, county or State government

Public library

PHA website

Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA

The PHA Plan Supporting Documents for all participating agencies in the West Georgia Consortium are available for public inspection at the Housing Authority of the City of Cuthbert.

- PHA development management offices
- Other (list below)

**PHA Programs Administered :**

- Public Housing and Section 8
- Section 8 Only
- Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 20 02**  
 [24CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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**Attachments**

All attachments are identified by the organization code of the West Georgia Consortium lead agency, the Housing Authority of the City of Cuthbert. Detailed information regarding individual Housing Authorities, where appropriate or required, is included in each attachment.

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5 Year Action Plan
- Attachment   : Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment   : Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D: Resident Membership on PHA Board or Governing Body
- Attachment E: Membership of Resident Advisory Board or Boards
- Attachment   : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Attachment F: Housing Authority Deconcentration and Income Mixing

Attachment G:CapitalFundProgramFY2001P&EReport  
Attachment H:CapitalFundProgramFY2000P&EReport  
Attachment I:StatementofProgressinmeetingGoalsandObjectives  
Attachment J:VoluntaryCon versionsofDevelopmentsfromPublicHousingStock;  
RequiredInitialAssessments

## ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

ThisconsortiumofHousingAuthorities,t heWestGeorgiaConsortium,hasbeenformed tomanagesubstantiallyallprogramsandactivitiesoftheParticipatingAuthorities.As theleadagency,theHousingAuthorityoftheCityofCuthbertmanagetheprograms, preparesandsubmits,onbehalfofal lParticipatingAuthorities,thePHAPlan,assumes financialaccountabilityandappliesindependentauditandperformanceassessment requirementsonaconsortium -widebasis.

ThisjointAnnualPlanisthecollectiveplanfortheagenciesandprogramsinclu dedin theconsortium.Thepoliciesdiscussedareajointrepresentationofthepoliciesineffect attheParticipatingAuthorities.GrantamountsmentionedinthisjointAnnualPlan reflectthesumoftheamountsthatwouldbecalculatedforallPartici patingAuthorities.

TheWestGeorgiaConsortiumAgreementisasupportingdocumenttothisAnnualPlan.

### 1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlast year'sPHAPlanthatarenotcoveredinother sectionsofthisUpdate.

**All Participating Authorities have made numerous changes to policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUDmandatedallofthesechanges.**

- **UpdatedpublichousingAdmissionsandContinuedOccupancyPolicies**
- **UpdatedourpublichousingDwellingLeases**
- **Implementedcommunityservicerequirements**

**In addition, The West Georgia Consortium has formally adopted policies and procedures for the purpose of consistently and efficiently managing all programs of the Participating Authorities.Examplesinclude,butmaynotbelimitedtothefollowing:**

- Admissions and Continued Occupancy Policy (including Community Service Requirement, Deconcentration Policy, Grievance Procedure, Housekeeping Standards, Lease and Pet Policy)
- Blood-Borne Diseases Policy and Exposure Control Plan
- Capitalization Policy and Disposition Policy
- Cash Management and Investment Policies and Procedures; Funds Transfer Policy
- Check Signing Policy
- Criminal, Drug Treatment, Alcohol Treatment and Registered Sex Offender Classification Records Management Policy
- Drug-Free Workplace Policy
- Equal Housing Opportunity Policy
- Ethics Policy
- Facilities Use Policy
- Natural Disaster Response Guidelines
- Procurement Policy

## 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

- A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

All Housing Authorities participating in the West Georgia Consortium are eligible to participate in the Capital Fund Program in Fiscal Year 2002

- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$360,402**

The estimated Capital Fund Program grant for the upcoming year is the sum of the actual amount of funds actually received by the Participating Authorities for Fiscal Year 2001. Individual grants are as follows:

Housing Authority of the City of Arlington:	\$46,336	(GA06P11150101)
Housing Authority of the City of Cuthbert:	230,629	(GA06P22650101)
Housing Authority of the City of Fort Gaines:	45,882	(GA06P16750101)
Housing Authority of the City of Shellman:	<u>37,555</u>	(GA06P22950101)

Total \$360,402

C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 -Year Action Plan**

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>

4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program -NA**

[24CFR Part 903.79(k)]

- A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program -NA**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

Not Applicable. PHDEP eliminated.

A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year?

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_ :

## **6. Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
  - Yes  No: below
  - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Georgia)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (lists such initiatives below)
  - The West Georgia Consortium will continue to maintain and renovate its public housing units.
  - The West Georgia Consortium will continue to provide accessible housing in the public housing program to persons with disabilities.
  - The West Georgia Consortium will continue to market its public housing program to make elderly families and individuals aware of the availability of decent, safe, sanitary and affordable housing.
  - The West Georgia Consortium will continue to apply its limited resources to the effective and efficient management and operation of public housing programs.
- Other: (list below)
  - The West Georgia Admission and Continued Occupancy Policy (ACOP) requirements are established and designed to:
    - (1) Provide improved living conditions for very low and low-income elderly families and individuals while maintaining their rent payments at an affordable level.
    - (2) To operate as socially and financially sound public housing agency that is violence and drug-free, decent, safe and sanitary housing with a suitable living environment for residents.
    - (3) Deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to our employees.
    - (4) To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal fair housing laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

3. PHA Requests for support from the Consolidated Plan Agency

Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The following information is taken from the State of Georgia Consolidated Plan Executive Summary and Annual Action Plan.

**Executive Summary**

The Consolidated Plan Executive Summary reports that the housing and community development needs of Georgians are:

- Regardless of tenure, income or household size, the most common problem affecting all households is cost burden. One in every four households pay at least 30% of their income for housing. Approximately 39% of these cost burdened households and 10% of all households are severely cost burdened, devoting at least 50% of their income on housing costs.
- 41% of all renters, compared to 22% of all homeowners, have at least one housing problem.
- 40% of all Georgia households are of low or moderate income. Housing problems affect 75% of all extremely low -income households.
- 64% of all elderly households are of low or moderate income, with the largest concentration in the extremely low -income range. 30% of all small family households are of low or moderate income. Cost burden is the most significant problem affecting both elderly and small family households. 42% of all large family households are of low or moderate income. Overcrowding is the most significant concern of this household type.
- Insufficient income is the single largest barrier to affordable housing.
- Estimates based on the age of housing indicate that 1.1 million housing units in Georgia may contain lead -based paint. Some 127,000 low and moderate income households are at high risk of exposure to lead -based paint hazards such as chipping or peeling paint and dust.

The Housing and Community Development Strategic Plan

Over five years the State anticipates providing assistance to put over 55,000 extremely low, low and moderate income households in affordable housing free of overcrowded, structurally substandard conditions, with supportive services where appropriate for populations with special need.

The Consolidated Plan divides the State's priorities into two categories based on function:

- (1) priorities to directly benefit low and moderate income households and
- (2) priorities to improve the production capacity of Georgia's affordable housing providers.

Direct Benefit Priorities:

- to increase the number of Georgia's low and moderate income households who have obtained affordable, rental housing free of overcrowded and structurally substandard conditions.
- To increase the number of Georgia's low and moderate income households who have achieved and are maintaining home ownership free of overcrowded and structurally substandard conditions.

Strategic Plan Five -Year Objectives

- The Strategic Plan estimates, based on resources expected to be available over a five year period, that the State will provide the following benefits for low and moderate income Georgians:
  - Rehabilitate or construct 5,505 affordable rental units
  - Provide rental assistance for 44,700 households
  - Assist 6,750 households to achieve or maintain home ownership in housing free of overcrowded and structurally substandard conditions.
  - Assist an average of 190 organizations annually to provide housing and supportive services to the homeless.
  - Assist an average of 39 organizations annually to provide housing and supportive services to Georgia's Special Need populations.

Public Housing Authorities

The Consolidated Plan Executive Summary provides the following comments relating to Public Housing Authorities in Georgia.

Public Housing Authorities implement a large portion of Georgia's housing assistance effort. Local governments have created 202 PHAs, providing public housing. Seventeen PHAs offer Section 8 rental subsidies. PHAs utilize funds from public housing rent receipts, federal subsidies from HUD, and proceeds from bond issues for some development costs. Over 108,000 residents live in the 55,834 units of local public housing available across Georgia.

No public housing authorities are operated by the State. Therefore, the State has not developed a plan to encourage public housing residents to become more involved in the public housing management or to become owners of their units. However, the State encourages individual PHAs to develop such a plan with residents. The State also continues to encourage within its programs the transition of public housing residents into private housing living situations.

### Action Plan

The following activities are extracted from the State of Georgia Annual Action Plan

#### Part VI. Action Plan

Activities planned to meet the State's housing priorities and objectives include:

- ❑ Rehabilitate or construct affordable rental housing for 1,003 low or moderate income households.
- ❑ Assist 1,498 low or moderate income households achieve or maintain homeownership.
- ❑ Provide 1,000 low or moderate income households with rental assistance.
- ❑ Make 290 funding awards to organizations that provide housing and supportive services necessary for the homeless to break the cycle of homelessness.
- ❑ Make 357 funding awards to organizations that provide the housing and supportive services necessary for special need households to achieve decent, safe and sanitary living conditions.

Among the Federal resources available to Georgia (Part VI, Section C) include Section 8 Rental Certificates and Vouchers to address affordable housing needs; HOPEI (Public Housing Homeownership) to address homeownership needs; and for Public Housing, the Comprehensive Grant Program and Public Housing Development funds.

#### Part VI, Section I. Georgia's Activities to meet the State's Housing Priorities and Objectives

This section outlines activities by priority and objective. While the activities, priorities and objectives do not directly relate to the public housing program, the activities do include the Section 8 program. Again while none of the activities tap public housing funds, the activities do parallel the goals and objectives of the West Georgia Consortium. The Priorities and Objectives are listed as follows:

Priority: to increase the number of Georgia's low and moderate income households who have obtained affordable, rental housing which is free of overcrowded and structurally substandard conditions.

Objective #1: Rehabilitate or construct affordable, rental housing units for 280 extremely

low, 431 low, and 290 moderate income households.

Objective#2: Provide 4,950 extremely low, and 1,100 low income households with rental assistance.

(This objective refers specifically to the Section 8 Rental Assistance Program which is administered by the Georgia Department of Community Affairs.)

Priority: To increase the number of Georgia's low and moderate income households who have achieved and are maintaining homeownership in housing free of overcrowded and structurally substandard conditions.

Objective#3: Assist 30 extremely low, 345 low, and 1,124 moderate income households to achieve or maintain homeownership in housing free of overcrowded and structurally substandard conditions.

Priority: To increase the access of Georgia's homeless to a continuum of housing and supportive services which address their housing, economic, health and social needs:

Objective#4: Make 290 funding awards to provide shelter/bed nights, transitional housing units, and supportive services necessary for the homeless to break the cycle of homelessness.

Priority: To increase the access of Georgia's Special Need population to a continuum of housing and supportive services which address their housing, economic health and social needs.

Objective#5: Make 358 funding awards to organizations or households that assist 1,000 Special Need households with the housing and supportive services necessary to achieve decent, safe and sanitary living conditions.

(This objective includes as an activity the implementation of Georgia's Section 8 Rental Assistance Program and it refers specifically to the Georgia Department of Community Affairs continuing to administer the program in Georgia's 149 counties.)

In summary, the Georgia State Consolidated Plan strategies are consistent with and support the goals and objectives of the West Georgia Consortium.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

Each of the Participating Authorities is the West Georgia Consortium have individually adopted a definition of Substantial Deviation and Significant Amendment or Modification to the Annual Plan.

#### **A. Substantial Deviation from the 5-year Plan:**

##### **Goals**

- Additions or deletions from Strategic Goals

#### **B. Significant Amendment or Modification to the Annual Plan:**

##### **Programs**

- Adding new programs not included in the West Georgia Consortium Agency Plan
- Any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities

##### **Capital Budget**

- Addition of non-emergency work items (items not included in the current Annual Statement or Five Year Action Plan) or change in use of replacement reserve funds

##### **Policies**

- Change to rent or admissions policies or organization of the waiting list  
An exception to the above definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements since such changes are not considered significant amendments by HUD.

## **Attachment E**

### **West Georgia Consortium**

#### **Fiscal Year 2002 Agency Plan**

##### **Required Attachment: Membership of the Resident Advisory Board or Boards**

- i. List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board members are representatives from each Housing Authority participating in the West Georgia Consortium.

Mary Jane King – Housing Authority of the City of Arlington

Angie West – Housing Authority of the City of Cuthbert

Annie Howard – Housing Authority of the City of Fort Gaines

Mary Ann Blackmon – Housing Authority of the City of Shellman

**AttachmentB –SummaryRevised**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
PHAName: <b>WestGeorgiaConsortium</b>		GrantTypeandNumber CapitalFund ProgramGrantNo: <b>GA06P22650102</b> ReplacementHousingFactorGrantNo:		FederalFYofGrant: <b>2002</b>	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnual Statement(revisionno:    )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCo st		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	61,011			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition	75,000			
9	1450SiteImprovement	53,522			
10	1460DwellingStructures	89,390			
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures	64,100			
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName: West Georgia Consortium	Grant Type and Number Capital Fund Program Grant No: GA06P22650102 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2002</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20 - 26)	343,023			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**AttachmentB –ArlingtonGA111Revised**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summ ary</b>					
<b>PHAName: WestGeorgiaConsortium –Arlington HousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: GA06P11150102 ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> 2002	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	6,336			
10	1460DwellingStructures	37,764			
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAName: West Georgia Consortium –Arlington Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P11150102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2002</b>
----------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	--------------------------------------------

**Original Annual Statement**  
  **Reserve for Disasters/Emergencies**  
  **Revised Annual Statement (revision no: )**  
 **Performance and Evaluation Report for Period Ending:**  
  **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20 – 20)	44,100			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHAName: West Georgia Consortium -Arlington Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P11150102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>GA111</b>	<b><u>Site Improvements</u></b> Sidewalks, street repair, landscaping; <b>Subtotal Acct 1450</b>	1450	Lump Sum	6,336				
<b>GA111</b>	<b><u>Dwelling Structures</u></b> New windows and exterior doors; Painting interiors; <b>Subtotal Acct 1460</b>	1460	24 units	37,764				
	<b>Grand Total</b>			<b>44,100</b>				



**AttachmentB –CuthbertGA226Revised**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgram ReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
<b>PHAName: WestGeorgiaConsortium –Cuthbert HousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: GA06P22650102 ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> 2002	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportfo rPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Oper ations	61,011			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition	45,000			
9	1450SiteImprovement	29,398			
10	1460DwellingStructur es	20,000			
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures	64,100			
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAName: West Georgia Consortium – Cuthbert Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P22650102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2002</b>
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**Original Annual Statement**  
  **Reserve for Disasters/Emergencies**  
  **Revised Annual Statement (revision no: )**  
 **Performance and Evaluation Report for Period Ending:**  
  **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20 – 20)	219,509			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: West Georgia Consortium -Cuthbert Housing Authority		Grant Type and Number Capital Fund Program GrantNo: GA06P22650102 Replacement Housing Factor GrantNo:			Federal FY of Grant: 2002			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA Wide</b>	<b><u>Operations</u></b>	1406	Lump Sum					
	Public Housing Operations			61,011				
	<b>Subtotal Acct 1406</b>			<b>61,011</b>				
	<b><u>Site Acquisition</u></b>	1440						
<b>GA226</b>	Land Acquisition		Lump Sum	45,000				
	<b>Subtotal Acct 1440</b>			<b>45,000</b>				
<b>GA226</b>	<b><u>Site Improvements</u></b> Sidewalks, street repair, landscaping;	1450	Lump Sum	29,398				
	<b>Subtotal Acct 1450</b>			<b>29,398</b>				
	<b><u>Dwelling Structures</u></b>	1460						
<b>GA226</b>	Painting interiors;		40 units	20,000				
	<b>Subtotal Acct 1460</b>			<b>20,000</b>				







**AttachmentB –FortGainesGA167Revised**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapital FundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
<b>PHAName: WestGeorgiaConsortium –Fort GainesHousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: GA06P16750102 ReplacementHousingFactorGrantN o:		<b>FederalFYofGrant:</b> <b>2002</b>	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input type="checkbox"/> <b>PerformanceandEva luationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408Management Improvements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	17,788			
10	1460DwellingStructures	25,882			
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: <b>West Georgia Consortium – Fort Gaines Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>GA06P16750102</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2002</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	43,670			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				







**AttachmentB –GA229ShellmanRevised**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary</b>					
<b>PHAName: WestGeorgiaCo nsortium –Shellman HousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: GA06P22950102 ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> <b>2002</b>	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:      )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408Management Improvements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition	30,000			
9	1450SiteImprovement				
10	1460DwellingStructures	5,744			
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAName: West Georgia Consortium – Shellman Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P22950102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2002</b>
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**Original Annual Statement**  
  **Reserve for Disasters/Emergencies**  
  **Revised Annual Statement (revision no:      )**  
 **Performance and Evaluation Report for Period Ending:**  
  **Final Performance and Evaluation Report**

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20 – 20)	35,744			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**AttachmentC –SummaryConsortiumWideRevised  
CapitalFundProgramFive -YearActionPlan  
PartI:Summary**

PHAName:WestGeorgia Consortium		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:01/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:01/01/04	WorkStatementfor Year4 FFYGrant:2005 PHAFY:01/ 01/05	WorkStatementfor Year5 FFYGrant:2006 PHAFY:01/01/06
	Annual Statement				
GA111		44,100	44,100	44,100	44,100
GA167		43,670	43,670	43,670	43,670
GA226		219,509	219,509	219,509	219,509
GA229		35,744	35,744	35,744	35,744
CFPFunds Listedfor5 -year planning		343,023	343,023	343,023	343,023
Replacement HousingFactor Funds					

**AttachmentC –ArlingtonGA111Revised  
 CapitalFundProgramFive -YearActionPlan  
 PartI:Summ ary**

PHAName:WestGeorgia Consortium –Arlington HousingAuthority		<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>			
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:01/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:01/01/04	WorkStatementfor Year4 FFYGrant:2005 PHAFY:01/01/05	WorkStatementfor Year5 FFYGrant:2006 PHAFY:01/01/06
	Annual Stateme nt				
<b>HAWide</b>		<b>44,100</b>	<b>44,100</b>	<b>44,100</b>	<b>44,100</b>
CFPFunds Listedfor5 -year planning		<b>44,100</b>	<b>44,100</b>	<b>44,100</b>	<b>44,100</b>
Replacement HousingFactor Funds					

**Capital Fund Program Five - Year Action Plan**  
**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u>  2  </u> FFY Grant: 2003 PHAFY: 01/01/03			Activities for Year: <u>  3  </u> FFY Grant: 2004 PHAFY: 01/01/04		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA Wide	<u>Dwelling Structures (1460)</u>		HA Wide	<u>Dwelling Structures (1460)</u>	
Annual		Doors –exterior; windows; painting; doors-interior	44,100		Doors –exterior; windows; painting; doors-interior	44,100
Statement						
		<b>Total CFPEstimatedCost</b>	<b>44,100</b>			<b>44,100</b>

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivities**

ActivitiesforYear:  4   
 FFYGrant:2005  
 PHAFY:01/01/05

ActivitiesforYear:  5   
 FFYGrant:2006  
 PHAFY:01/01/06

<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
<b>HAWide</b>	<b><u>DwellingStructures</u> (1460)</b>		<b>HAWide</b>	<b><u>DwellingStructures</u> (1460)</b>	
	Doors –exterior; windows;painting; doors-interior	44,100		Doors –exterior; windows;painting; doors-interior	44,100
<b>TotalCFPEstimatedCost</b>		<b>44,100</b>			<b>44,100</b>

**AttachmentC –CuthbertHousingAuthorityGA226Revised  
CapitalFundProgramFive -YearActio nPlan**

**PartI:Summary**

PHAName:WestGeorgia Consortium –Cuthbert HousingAuthority		<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>			
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:01/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:01/01/04	WorkStatementfor Year4 FFYGrant:2005 PHAFY:01/01/05	WorkStatementfor Year5 FFYGrant:2006 PHAF Y:01/01/06
	Annual State ment				
<b>HAWide</b>		<b>219,509</b>	<b>219,509</b>	<b>219,509</b>	<b>219,509</b>
CFPFunds Listedfor5 -year planning		<b>219,509</b>	<b>219,509</b>	<b>219,509</b>	<b>219,509</b>
Replacement Housing Factor Funds					





**AttachmentC -FortGainesGA167Revised  
CapitalFundProgramFive -YearActionPlan  
PartI:Summary**

PHAName:WestGeorgia Consortium		<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>			
Development Number/Name/H A-Wide	Year1	WorkState mentforYear2 FFYGrant:2003 PHAFY:01/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:01/01/04	WorkStatementfor Year4 FFYGrant:2005 PHAFY:01/01/05	WorkStatementfor Year5 FFYGrant:2006 PHAFY:01/01/06
	Annual Statement				
<b>HAWide</b>		<b>43,670</b>	<b>43,670</b>	<b>43,670</b>	<b>43,670</b>
CFPFunds Listedfor5 -year planning		<b>43,670</b>	<b>43,670</b>	<b>43,670</b>	<b>43,670</b>
Replacement HousingFactor Funds					



**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivities**

ActivitiesforYear:  4   
 FFYGrant:2005  
 PHAFY:01/01/05

ActivitiesforYear:  5   
 FFYGrant:2006  
 PHAFY:01/01/06

<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
<b>HAWide</b>	<b><u>DwellingStructures</u> (1460)</b>		<b>HAWide</b>	<b><u>DwellingStructures</u> (1460)</b>	
	Painting;kitchen cabinets;	43,670		Painting;kitchen cabinets;	43,670
<b>TotalCFPEstimate dCost</b>		<b>43,670</b>			<b>43,670</b>

**AttachmentC –ShellmanGA229Revised  
 CapitalFundProgramFive -YearActionPlan  
 PartI:Summary**

PHAName:WestGeorgia Consortium –Shellman HousingAuthority		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:01/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:01/01/04	WorkSt atementfor Year4 FFYGrant:2005 PHAFY:01/01/05	WorkStatementfor Year5 FFYGrant:2006 PHAFY:01/01/06
	Annual State ment				
<b>HAWide</b>		<b>35,744</b>	<b>35,744</b>	<b>35,744</b>	<b>35,744</b>
CFPFunds Listedfor5 -year planning		<b>35,744</b>	<b>35,744</b>	<b>35,744</b>	<b>35,744</b>
Replacement HousingFactor Funds					





**Attachment D**  
**West Georgia Consortium**  
**Fiscal Year 2002 Agency Plan**

**Required Attachment: Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

**Housing Authority of the City of Arlington**

Mary Jane King

**Housing Authority of the City of Cuthbert**

Angie West

**Housing Authority of the City of Fort Gaines**

Annie Howard

**Housing Authority of the City of Shellman**

Mary Ann Blackmon

B. How was the resident board member selected: (select one)?

- Elected  
 Appointed

**Housing Authority of the City of Arlington**

Mayor of the City of Arlington

**Housing Authority of the City of Cuthbert**

Mayor of the City of Cuthbert

**Housing Authority of the City of Fort Gaines**

Mayor of the City of Fort Gaines

**Housing Authority of the City of Shellman**

Mayor of the City of Shellman

C. The term of appointment is (include the date term expires): See Below

**Housing Authority of the City of Arlington**

Five Year term expiring 10/01/2005

**Housing Authority of the City of Cuthbert**

Five Year term expiring 10/01/2004

**Housing Authority of the City of Fort Gaines**

Five Year term expiring 10/01/2004

**Housing Authority of the City of Shellman**

Five Year term expiring 10/01/2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? NA

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of governing board member: See Below

**Housing Authority of the City of Arlington**

10/01/2001

**Housing Authority of the City of Cuthbert**

10/01/2001

**Housing Authority of the City of Fort Gaines**

10/01/2001

**Housing Authority of the City of Shellman**

10/01/2001

- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Housing Authority of the City of Arlington**

Mayor Marvin King

**Housing Authority of the City of Cuthbert**

Mayor Earl Thompson

**Housing Authority of the City of Fort Gaines**

Mayor David Wetherby

**Housing Authority of the City of Shellman**

Mayor Paul Langford

# Attachment A

## West Georgia Consortium

### Fiscal Year 2002 Agency Plan

#### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflect in g that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Others supporting documents (optional) (list individually; use as many lines as necessary ) Substantial Deviation Definition Implementation of Community Service Requirements Pet Policy Statement West Georgia Consortium Agreement	(specify as needed)  Annual Plan ACOP Annual Plan Annual Plan

## Attachment F

### West Georgia Consortium

#### Fiscal Year 2002 Agency Plan

**Component 3, (6) Deconcentration and Income Mixing**

a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

The West Georgia Consortium is made up of four (4) Housing Authorities.

The following Housing Authorities are exempt from Deconcentration and Income Mixing Requirements based on 24 CFR 903.2(b)(2)(i) Public housing developments operated by PHA with fewer than 100 public housing units.

The Housing Authority of the City of Arlington: 24 units  
 The Housing Authority of the City of Fort Gaines: 24 units  
 The Housing Authority of the City of Shellman: 20 units

The Housing Authority of the City of Cuthbert owns and operates a 122 unit public housing program on 3 sites. All three sites are general occupancy developments. The analysis of the three sites, based on the bedroom adjustment factors, indicates that all developments are within the acceptable income range.

b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]



**AttachmentG**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: <b>Housing Authority of the City of Arlington</b>			Grant Type and Number Capital Fund Program Grant No: GA06P11150101 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>06/30/01</b> <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	46,336		46,336	46,336
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAName: Housing Authority of the City of Arlington</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P11150101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2001</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06/30/01**  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	46,336		46,336	46,336
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAName: Housing Authority of the City of Cuthbert</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P22650101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2001</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 06/30/01  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	230,629		230,629	230,629
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName: <b>Housing Authority of the City of Cuthbert</b>	Grant Type and Number Capital Fund Program Grant No: GA06P22650101 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06/30/01**  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) -	230,629		230,629	230,629
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName: <b>Housing Authority of the City of Fort Gaines</b>	Grant Type and Number Capital Fund Program Grant No: GA06P16750101 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06/30/01**  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	45,882		45,882	45,882
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName: <b>Housing Authority of the City of Fort Gaines</b>	Grant Type and Number Capital Fund Program Grant No: GA06P16750101 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2001</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:     )  
  Performance and Evaluation Report for Period Ending: **06/30/01**  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	45,882		45,882	45,882
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAName: Housing Authority of the City of Shellman</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P22950101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant: 2001</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: **06/30/01**  
  Final Performance and Evaluation Report

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	37,555		37,555	37,555
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAN Name:</b> Housing Authority of the City of Shellman	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P22950101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2001</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending: **06/30/01**  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	37,555		37,555	37,555
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				







**AttachmentH**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: <b>Housing Authority of the City of Arlington</b>			Grant Type and Number Capital Fund Program Grant No: GA06P11150100 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	45,594		45,594	45,594
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName: <b>Housing Authority of the City of Arlington</b>	Grant Type and Number Capital Fund Program Grant No: GA06P11150100 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	45,594	45,594	45,594	45,594
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName: <b>Housing Authority of the City of Cuthbert</b>	Grant Type and Number Capital Fund Program Grant No: GA06P22650100 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	226,938		226,938	226,938
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAN Name: <b>Housing Authority of the City of Cuthbert</b>	Grant Type and Number Capital Fund Program Grant No: GA06P22650100 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20 - 21)	226,938		226,938	226,938
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAName: Housing Authority of the City of Fort Gaines</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P16750100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2000</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	45,148		45,148	45,148
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHAN Name:</b> Housing Authority of the City of Fort Gaines	<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P16750100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2000</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:     )  
  Performance and Evaluation Report for Period Ending:       
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	45,148		45,148	45,148
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAName: <b>Housing Authority of the City of Shellman</b>	Grant Type and Number Capital Fund Program Grant No: GA06P22950100 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:      )  
  Performance and Evaluation Report for Period Ending:        
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	36,954		36,954	36,954
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHAN Name: <b>Housing Authority of the City of Shellman</b>	Grant Type and Number Capital Fund Program Grant No: GA06P22950100 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	36,954		36,954	36,954
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				







# Attachment I

## The West Georgia Consortium

### Fiscal Year 2002 Agency Plan

#### Statement of Progress in Meeting the 5 -Year Plan Mission and Goals

The Goals and Objectives are identical for each of the Housing Authorities participating in the West Georgia Consortium.

The following table reflects the progress we have made in achieving our goals and objectives:

<b>Goal One: EXPAND THE SUPPLY OF ASSISTED HOUSING</b>	
<b>Objective</b>	<b>Progress</b>
1. Acquire or build units or developments	<p>The Cuthbert Housing Authority has acquired three houses from the USDA. Two single family houses have been sold to low income families. One will be rented through the New Horizons Community Service Board to mentally handicapped families.</p> <p>The Cuthbert Housing Authority, in concert with the Southwest Georgia Housing Development Corp., has committed to develop a 20 acre site for family drug rehabilitation program. Jobs, training and housing are part of the program. The Dept. of Community Affairs will provide Section 8 assistance; Albany Technical College will be on site. New Horizons will administer the program. Plans are for completion in mid 2002.</p>

#### **Goal Two: IMPROVE THE QUALITY OF ASSISTED HOUSING**

<b>Objective</b>	<b>Progress</b>
1.Improvepublichousingmanagement (PHAS)	The most recent MA SS scores from HUD rated the Participating Housing Authorities as Standard Performers. Ratings for FY2000 are not yet available from HUD.
2.Increase customers satisfaction	PHAS scores have been waived for this element. The Resident Advisory Board, representing each Participating Authority, meet quarterly to discuss all concerns of residents as well as the Authorities.

<b>Goal Three: PROVIDE AN IMPROVED LIVING ENVIRONMENT</b>	
<b>Objective</b>	<b>Progress</b>
1.Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments	All Participating Authorities have been determined exempt under current regulations except the Cuthbert Housing Authority. The Cuthbert Housing Authority, with multiple family sites, has determined that the average incomes of each site are within the acceptable range.
2.Implement public housing security improvements	Cuthbert: improved street lighting; installed camera system; increased the number of courtesy safety inspections by off duty police officers at all Participating Housing Authorities.

<b>Goal Four: PROMOTE SELF-SUFFICIENCY AND ASSET DEVELOPMENT OF ASSISTED HOUSEHOLDS</b>	
<b>Objective</b>	<b>Progress</b>
1.Increase the number and percentage of employed persons in assisted families	During the past year all Participating Authorities adopted a policy giving preference to working families. During the past year there has been a significant increase in working families. The following is a listing of the number of working families at each agency. This report does not include Welfare-to-Work families of which there is a significant number. Arlington: 7 of 24 families (13 are elderly) Cuthbert: 60 of 122 families (22 are elderly) Ft. Gaines: 8 of 24 families (5 are elderly) Shellman: 8 of 20 families (2 are elderly)

**Goal Five: ENSURE EQUAL OPPORTUNITY AND AFFIRMATIVELY FURTHER FAIR HOUSING**

<b>Objective</b>	<b>Progress</b>
1. Provide fair housing education to residents, applicants and the community	In our presentation to organizations, civic groups, and elected officials we emphasize that we affirmatively further fair housing in the administration of our programs for low income families and elderly persons. Residents and applicants are advised regarding reasonable accommodation and assistance available if they believe they have suffered illegal discrimination.

## **Attachment J**

### **The West Georgia Consortium**

#### **Fiscal Year 2002 Agency Plan**

### **Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments**

In accordance with HUD Regulations published in the Federal Register on June 22, 2001, all public housing developments must be assessed unless they meet certain exemptions.

The West Georgia Consortium consists of the following Housing Authorities:

The Housing Authority of the City of Arlington, Georgia  
The Housing Authority of the City of Cuthbert, Georgia  
The Housing Authority of the City of Fort Gaines, Georgia  
The Housing Authority of the City of Shellman, Georgia

The regulations require a three-part test to determine if a development is appropriate for conversion to vouchers or inappropriate.

1. Conversion would not be more expensive than continuing to operate the development (or a portion of it) as public housing;
2. Conversion would principally benefit residents of the public housing development to be converted and the community; and
3. Conversion would not adversely affect the availability of affordable housing in the community.

The West Georgia Consortium has reviewed the criteria and made a determination on the appropriateness of each Housing Authority development to be converted to vouchers. Our process for determination of appropriateness was to consider the criteria in reverse order. We considered criterion number 3 first.

Comments:

The Housing Authority of the City of Arlington (GA111-01) owns and operates 24 general occupancy public housing units. There are currently twelve (12) families on the Housing Authority -wide waiting list. There are two housing developments subsidized by the FmHA, one for elderly and disabled and one for families. These are the only low-income housing opportunities available in the jurisdiction of the Housing Authority. There is a significant shortage of decent, safe and affordable housing in Arlington. This development is currently undergoing modernization with additional work planned. There

are no vacancy issues at this development. There are no neighborhood issues affecting desirability of living at this development. Given the waiting list and the lack of sufficient other affordable housing in the community, it is the opinion of the Housing Authority that Conversion **would** adversely affect the availability of affordable housing in the community.

The Housing Authority of the City of Cuthbert (GA 226-01) owns and operates 122 general occupancy public housing units. There is currently a significant number of families on the Housing Authority -wide waiting list. There are three housing developments subsidized by the FmHA, two for elderly and disabled and one for families. These are the only low -income housing opportunities available in the jurisdiction of the Housing Authority. There is a significant shortage of decent, safe and affordable housing in Cuthbert. This development is currently undergoing modernization with additional work planned. There are no vacancy issues at this development. There are no neighborhood issues affecting desirability of living at this development. Given the waiting list and the lack of sufficient other affordable housing in the community, it is the opinion of the Housing Authority that Conversion **would** adversely affect the availability of affordable housing in the community.

The Housing Authority of the City of Fort Gaines (GA 167-01) owns and operates 24 general occupancy public housing units. There are currently fifteen (15) families on the Housing Authority -wide waiting list. There are two housing developments subsidized by the FmHA, one for elderly and disabled and one for families. These are the only low -income housing opportunities available in the jurisdiction of the Housing Authority. There is a significant shortage of decent, safe and affordable housing in Fort Gaines. This development is currently undergoing modernization with additional work planned. There are no vacancy issues at this development. There are no neighborhood issues affecting desirability of living at this development. Given the waiting list and the lack of sufficient other affordable housing in the community, it is the opinion of the Housing Authority that Conversion **would** adversely affect the availability of affordable housing in the community.

The Housing Authority of the City of Shellman (GA 229-01) owns and operates 20 general occupancy public housing units. There are currently eleven (11) families on the Housing Authority -wide waiting list. There is one housing development subsidized by the FmHA for families. These are the only low -income housing opportunities available in the jurisdiction of the Housing Authority. There is a significant shortage of decent, safe and affordable housing in Shellman. This development is currently undergoing modernization with additional work planned. There are no vacancy issues at this development. There are no neighborhood issues affecting desirability of living at this development. Given the waiting list and the lack of sufficient other affordable housing in the community, it is the opinion of the Housing Authority that Conversion **would** adversely affect the availability of affordable housing in the community.

Additionally, we have reviewed all properties of the West Georgia Consortium (GA 111, GA 226, GA 229, and GA 167) and conclude that conversion is inappropriate because

removalofthedevelopmentswo uldnotmeetthenecessaryconditionsofvolu ntary  
conversiondescribedin972.200 ©.Thisdecisionisbasedonthecostandwo rkabilityof  
vouchersinthesecomunities.