

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002
LA052v03

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: Farmerville Housing Authority

PHANumber: LA052

PHAFiscalYearBeginning:(mm/yyyy) 10/2001

PHA Plan Contact Information:

Name: Woody Whittington

Phone: 318-255-3644

TDD:

Email (if available): whit1892@bellsouth.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
- 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
- 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
- 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 2002**
[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 filename in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Attachment <u>A</u> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment <u> </u> : Capital Fund Program Replacement Housing Factor Annual Statement	
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<input checked="" type="checkbox"/> Attachment <u>D</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>E</u> : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment <u> </u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

There are no changes.

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?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$81,770

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

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
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

[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

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.

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 or

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: (provide name here)

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. (list such initiatives below)
- Other: (list below)

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)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR 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.

A. Substantial Deviation from the 5 -year Plan: NONE

B. Significant Amendment or Modification to the Annual Plan: NONE

Attachment A

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	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 reflecting 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
NA	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
X	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
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
X	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
X	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
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
NA	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
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · 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. 	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: FARMERVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: LA48P05250102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line 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	3,000				
4	1410 Administration	2,500				
5	1411 Audit	500				
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	53,700				
11	1465.1 Dwelling Equipment — Nonexpendable	6,800				
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	15,200				
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 -19)	81,770				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: FARMERVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: LA48P05250102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 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:FARMERVILLEHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program#:LA48P05250102 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Capital Fund Program 5 - Year Action Plan

Complete on table for each development in which work is planned in the next 5 PHA fiscal years.
 Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA
 fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from
 Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual
 Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
LA052	FARMERVILLE HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
MANAGEMENT IMPROVEMENTS	3,000	2003
ADMINISTRATION	2,500	2003
AUDIT	500	2003
FORCE ACCOUNT 7 Units	41,970	2003
Replace cabinets, doors, vinyl flooring, painting, ceiling fans, showers, ceramic tile, etc..		
AIR CONDITIONING 15 Units	25,500	2003
REFRIGERATORS & RANGES 10 EACH	6,800	2003
NON DWELLING EQUIPMENT	1,500	2003
Totalestimated cost over next 5 years	81,770	

Capital Fund Program 5 - Year Action Plan

Complete on table for each development in which work is planned in the next 5 PHA fiscal years.
 Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA
 fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from
 Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual
 Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
LA052	FARMERVILLE HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
MANAGEMENT IMPROVEMENTS	3,000	2004
ADMINISTRATION	2,500	2004
AUDIT	500	2004
FORCE ACCOUNT 7 Units	41,970	2004
Replace cabinets, doors, vinyl flooring, painting, ceiling fans, showers, ceramic tile, etc..		
AIR CONDITIONING 15 Units	25,500	2004
REFRIGERATORS & RANGES 10 EACH	6,800	2004
NON DWELLING EQUIPMENT	1,500	2004
Totalestimatedcostovernext5years	81,770	

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years.
 Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA
 fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from
 Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual
 Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
LA052	FARMERVILLE HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
MANAGEMENT IMPROVEMENTS	3,000	2005
ADMINISTRATION	2,500	2005
AUDIT	500	2005
FORCE ACCOUNT 15 Units	67,470	2005
Replace cabinets, doors, vinyl flooring, painting, ceiling fans, showers, ceramic tile, etc..		
REFRIGERATORS & RANGES 10 EACH	6,800	2005
NON DWELLING EQUIPMENT	1,500	2005
Total estimated cost over next 5 years	81,770	

Capital Fund Program 5 - Year Action Plan

Complete on table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
LA052	FARMERVILLE HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
MANAGEMENT IMPROVEMENTS	3,000	2006
ADMINISTRATION	2,500	2006
AUDIT	500	2006
LANDSCAPING	12,000	2006
FORCE ACCOUNT 10 Units	55,470	2006
Replace cabinets, doors, vinyl flooring, painting, ceiling fans, showers, ceramic tile, etc..		
REFRIGERATORS & RANGES 10 EACH	6,800	2006
NON DWELLING EQUIPMENT	1,500	2006
Total estimated cost over next 5 years	81,770	

Required Attachment D: 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:

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

Elected

Appointed

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

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

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 a governing board member:

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

Required Attachment E: Membership of the Resident Advisory Board or Boards

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.)

ALL RESIDENTS OF THE HOUSING AUTHORITY'S 40 UNITS SERVE AS THE ADVISORY BOARD.

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName:FARMERVILLEHOUSINGAUTHORITY		GrantTypeandNumber CapitalFund Program:LA48P05250102 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input checked="" type="checkbox"/> OriginalAnnualStatement		<input type="checkbox"/> ReserveforDisasters/Emergencies	<input type="checkbox"/> RevisedAnnualStatement(revisionno:)		
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> FinalPerformanceandEvaluationReport			
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	3,000			
4	1410Administration	2,500			
5	1411Audit	500			
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	53,700			
11	1465.1DwellingEquipment —Nonexpendable	6,800			
12	1470NondwellingStructur es				
13	1475NondwellingEquipment	15,200			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	81,770			
21	Amountoffline20RelatedtoLBPActivities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName:FARMERVILLEHOUSINGAUTHORITY	GrantTypeandNumber CapitalFund Program:LA48P05250102 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
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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	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 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:FARMERVILLEHOUSINGAUTHORITY		Grant Type and Number CapitalFundProgram#:LA48P05250102 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant:2002			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

ATTACHMENT:LA052c03

CapitalFundProgram5 -YearActionPlan

Complete on table for each development in which work is planned in the next 5 PHA fiscal years.
 Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
LA052	FARMERVILLE HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
MANAGEMENT IMPROVEMENTS	3,000	2003
ADMINISTRATION	2,500	2003
AUDIT	500	2003
FORCE ACCOUNT 7 Units	41,970	2003
Replace cabinets, doors, vinyl flooring, painting, ceiling fans, showers, ceramic tile, etc..		
AIR CONDITIONING 15 Units	25,500	2003
REFRIGERATORS & RANGES 10 EACH	6,800	2003
NON DWELLING EQUIPMENT	1,500	2003
Totalestimatedcostovertnext5years	81,770	

CapitalFundProgram5 -YearActionPlan

Completeonetablefore achdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.
 CompleteatableforanyPHA -widephysicalormangementimprovementsplannedinthenext5PHA
 fiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludinformationfrom
 YearOneofthe5 -Yearcycle,becausethisinformationisincludedintheCapitalFundProgramAnnual
 Statement.

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
LA052	FARMERVILLEHOUSINGAUTHORITY	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
MANAGEMENTIMPROVEMENTS	3,000	2004
ADMINISTRATION	2,500	2004
AUDIT	500	2004
FORCEACCOUNT7Units	41,970	2004
Replacecabinets,doors,vinylflooring,painting,ceilingfans,showers, ceramictile,etc..		
AIRCONDITIONING15Units	25,500	2004
REFRIGERATORS&RANGES10EACH	6,800	2004
NONDWELLINGEQUIPMENT	1,500	2004
Totalestimatedcostovernext5years	81,770	

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
LA052	FARMERVILLE HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
MANAGEMENT IMPROVEMENTS	3,000	2005
ADMINISTRATION	2,500	2005
AUDIT	500	2005
FORCE ACCOUNT 15 Units	67,470	2005
Replace cabinets, doors, vinyl flooring, painting, ceiling fans, showers, ceramic tile, etc..		
REFRIGERATORS & RANGES 10 EACH	6,800	2005
NON DWELLING EQUIPMENT	1,500	2005
Totalestimatedcostovertnext5years	81,770	

Capital Fund Program 5 - Year Action Plan

ATTACHMENT:LA052d03

Required Attachment D: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:

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

Elected

Appointed

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

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

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 a governing board member:

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

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: FARMERVILLE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P05250199 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<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: 3/31/01 <input 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	25,000.00		25,000.00	25,000.00
3	1408 Management Improvements	3,095.97		3,095.97	1,154.83
4	1410 Administration	2,400.00		2,400.00	505.29
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	601.00		601.00	601.00
10	1460 Dwelling Structures	38,222.41		38,222.41	38,222.41
11	1465.1 Dwelling Equipment — Nonexpendable	6,819.80		6,819.80	6,819.80
12	1470 Nondwelling Structures	2,653.03		2,653.03	2,653.03
13	1475 Nondwelling Equipment	898.79		898.79	898.79
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

PHAName: FARMERVILLE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48P05250199 Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/31/01
 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 20-26)	79,691.00		79,691.00	75,855.15
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: FARMERVILLEHOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P0525199 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
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	
HA-WIDE MGMT. IMPROVEMENT	MANAGEMENT IMPROVEMENTS	1408		3,095.97		3,095.97	1,154.83	COMPLETE
HA-WIDE ADMIN.	ADMINISTRATION	1410		2,400.00		2,400.00	505.29	COMPLETE
HA-WIDE	OPERATIONS	1406		25,000.00		25,000.00	25,000.00	COMPLETE
HA-WIDE	FORCE ACCOUNT Locks Replaced	1460		6,565.68		6,565.68	6,565.68	COMPLETE
HA-WIDE	SECURITY SCREENS	1460		31,656.73		31,656.73	31,656.73	COMPLETE
HA-WIDE	REFRIGERATORS/RANGES	1465		6,819.80		6,819.80	6,819.80	COMPLETE
HA-WIDE	SITE IMPROVEMENTS	1450		601.00		601.00	601.00	COMPLETE
HA-WIDE	OFFICE A/C	1475		898.79		898.79	898.79	COMPLETE
HA-WIDE	STORAGE BUILDING	1470		2,653.03		2,653.03	2,653.03	COMPLETE
TOTAL				79,691.00		79,691.00	75,855.15	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: FARMERVILLE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: LA48P0525199 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999		
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	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: FARMERVILLE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program No: LA48P0525199 Replacement Housing Factor No:			Federal FY of Grant: 1999	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
LA052HA -WIDE	01/01/00	09/01/00	06/30/01	07/01/00	10/01/00	06/30/01	

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

PHAName:FARMERVILLEHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: LA48P05250100 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2000	
<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: 3/31/01 <input 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	5,000.00			
3	1408 Management Improvements	4,095.00			
4	1410 Administration	3,275.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	61,292.00		53,015.26	43,015.26
11	1465.1 Dwelling Equipment — Nonexpendable	8,250.00		2,895.00	2,895.00
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				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	81,912.00		55,910.26	45,910.26

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

PHAName:FARMERVILLEHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgramGrantNo: LA48P05250100 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2000
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/31/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: FARMERVILLEHOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P0525100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
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	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: FARMERVILLEHOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: LA48P0525100 Replacement Housing Factor No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
LA052HA -WIDE	09/30/01			09/30/02				

Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2002 PHAFY:2002	WorkStatementforYear3 FFYGrant:2003 PHAFY:2003	WorkStatementforYear4 FFYGrant:2004 PHAFY:2 004	WorkStatementforYear5 FFYGrant:2005 PHAFY:2005
LA052 FARMERVILLE HOUSING AUTHORITY	Annual Statement				
HA-WIDE		83,576	83,576	83,576	83,576
CFPFundsListedfor 5-yearplanning		83,576	83,576	83,576	83,576
ReplacementHousing FactorFunds					

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

ActivitiesforYear: <u>4</u> __ FFYGrant:2004 PHAFY:2004			ActivitiesforYear: <u>5</u> __ FFYGrant:2005 PHAFY:2005		
Development Name/Number	MajorWork Categories	EstimatedCos t	Development Name/Number	MajorWork Categories	EstimatedCost
LA052 FARMERVILLE HOUSING AUTHORITY	MANAGEMENT IMPROVEMENTS	3,000	LA052 FARMERVILLE HOUSING AUTHORITY	MANAGEMENT IMPROVEMENTS	3,000
	ADMINISTRATION	2,500		ADMINISTRATION	2,500
	AUDIT	500		AUDIT	500
	FORCEACCOUNT Replacecabinets,doors, vinylflooring,painting, ceilingfans,showers, ceramictile,etc.	57,767		FORCEACCOUNT Replacecabinets,doors, vinylflooring,painting, ceilingfans,showers, ceramictile,etc.	74,767
	TRUCK	17,000		REFRIGERATORS& RANGES10units	6,800
	REFRIGERATORS& RANGES10units	6,800			

