

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

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

**Milan Housing Authority**

**Milan, Tennessee**

**Ruth Drake**

**Executive Director**

**PHA Plan  
Agency Identification**

**PHA Name: Milan Housing Authority**

**PHA Number: TN031**

**PHA Fiscal Year Beginning: 01/2002**

**PHA Plan Contact Information:**

Name: Ms. Ruth Drake, Executive Director

Phone: (731) 686-8571

TTY: (731) 686-8571

Email (if available): mhoa@usit

**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**  
[24 CFR 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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<input checked="" type="checkbox"/> Attachment __: Capital Fund Program Annual Statement *	
<input checked="" type="checkbox"/> Attachment __: Capital Fund Program 5 Year Action Plan *	
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<input checked="" type="checkbox"/> Attachment tn031a02: Resident Membership on PHA Board or Governing Body	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
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• tn031A06 CFPlan   *tn031a07 5-yr Action Plan	
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**ii. Executive Summary**

[24 CFR Part 903.7 9 (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.

1. The revised Admissions and Continued Occupancy Policy (ACOP) and Lease have been implemented to comply with the de-concentration and income mix requirements; thereby, encouraging higher income families in the developments. Although the Housing Authority has provided incentives for higher income families, based on the projections of extremely low income and very low income families in Gibson County, the emphasis will continue to house families in these income levels.
2. The ACOP and Lease include the Community Service requirements of the residents.
3. The ACOP permits police officers to reside in Public Housing sites determined to require additional security and/or designated as high-crime areas by the PHA. The development has average incomes that fall within the high and low-income development thresholds.
4. The Housing Authority continues to use the existing ceiling rents based on the Operating Budget. Residents will be given a choice this year of rent based on income or flat rents.
5. The Housing Authority will continue to be involved in activities to provide greater economic self-sufficiency through the State of Tennessee "Families First" welfare to work reform..
6. The Housing Authority has a Resident on the Board of Commissioners. The resident will continue to be appointed by the Mayors. The Resident Board member is not elected. In addition, the Housing Authority has established a Resident Advisory Board that has been involved in the development of the Agency Plans.
7. The Housing Authority is providing decent, safe, and sanitary housing through the effective and efficient utilization of the CGP and Capital Fund. The Housing Authority will continue utilization of a pest control contractor to reduce and eliminate pests, including cockroaches.
8. The Housing Authority has implemented a Pet Policy .
9. The Housing does not have a HUD funded Drug Elimination Grant.

The Resident Advisory Board consists of three members that include minorities, elderly, women and men.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (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? \$ 191,455.

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 tn031a07

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

The Capital Fund Program Annual Statement is provided as attachment tn031a06

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (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.)

### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (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.)

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

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs 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**

[24 CFR Part 903.7 9 (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 (File name)
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 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 Tennessee**
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)
    - Preserve existing affordable housing stock.
    - Promote economic self-sufficiency/welfare to work
    - Promote crime prevention, security and safety.
    - Insure equal housing and employment opportunities.
    - Provide housing for special needs persons.
    - Promote and conserve energy resources.
  - 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) Not applicable

### **B. Criteria for Substantial Deviation and Significant Amendments:**

Substantial Deviation and Significant Amendments were addressed in the 2000 Agency Plan.

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	PHA Plan Certifications 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 jurisdictions 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
	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 at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	<b>Section 8 rent determination (payment standard) policies</b> <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

<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	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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 type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	<b>Section 8 informal review and hearing procedures</b> <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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	<b>The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report</b>	Annual Plan: Safety and Crime Prevention
	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 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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



**MILAN HOUSING AUTHORITY'S  
RESIDENT SERVICES AND SATISFACTION  
FOLLOW-UP PLAN**

**Attachment tn031a01**

In Fiscal Year 2001, the HUD Real Estate Assessment Center (REAC) conducted a Resident Services and Satisfaction Survey of the residents of the Milan Housing Authority, TN031. As a result of the Survey of the residents, the Housing Authority is required to prepare a Resident Satisfaction Follow-up Plan for two (2) of the five (5) Sections/Factors reflected in the Survey.

The two Sections/Factors that the Housing Authority received the lowest scores were Safety with a score of 73 percent and Neighborhood Appearance with a score of 74 percent. These scores were based on the survey being sent to 69 of the 100 residents (69.0 percent of the total residents) and a response of only 36 residents of the 69 surveyed or 52 percent. These 36 residents, however, only represent 36 percent of the total families of the Housing Authority.

The following is an evaluation of the various scores of the survey for Safety and Neighborhood Appearance:

**SAFETY:**

Based on the resident survey results, there was one concern of the residents under the Safety Section/Factor that was below 75 percent. All other questions received scores ranging from 77.8 percent to 97.2 percent. The area below 75 percent is as follows:

1. Residents reported they were not aware of crime prevention programs available to residents with a score of 45.5 percent.

**NEIGHBORHOOD APPEARANCE:**

Based on the resident survey results, the concerns of the residents under the Neighborhood Appearance Section/Factor were as follows:

1. They believed that the recreation areas could be improved with a score of 63.4 percent.
2. The residents identified trash/litter was a concern with score of 58.3.
3. The residents identified noise as a concern with score of 49.2 percent.
4. The residents also identified a concern with rodents/insects inside of the units with a score of 69.0 percent.

The remaining factors under this Section received scores ranging from 76.6 percent to 90.2 percent.

#### **PLAN ACTIONS:**

In an attempt to improve the Resident Services and Satisfaction concerns of the residents, the following actions will be implemented before and during the coming Fiscal Year as the Housing Authority's Resident Services and Satisfaction Follow-up Plan:

#### **SAFETY:**

1. The Housing Authority will hold meetings and discuss the concerns of residents before submission of the Public Housing Agency Plans.
2. The Housing Authority will meet with the local law enforcement agencies to determine what programs are available to the residents and establish meetings to better inform the residents of the programs. In addition, the Housing Authority will identify various crime prevention programs and ideas that the residents can use.

#### **NEIGHBORHOOD APPEARANCE:**

1. The Housing Authority will hold meetings and discuss the concerns of the residents before submission of the Public Housing Agency Plans.

2. Since the job description of the maintenance staff does not include picking up trash in the development/sites, the Housing Authority will attempt to use the Community Service volunteers to assist in improving the appearance of the development/sites. This will provide an incentive for the residents to keep the developments free of trash and litter.
3. The Housing Authority will evaluate the implementation of the pest control contract to determine its effectiveness. If improvements are not seen, the contract will be terminated and another pest control contract will be solicited.
4. Noise was identified as a concern but the Housing Authority is not aware of the type of noise. The noise could be automobiles on the streets or other residents. Without knowing the specifics of the concerns, it is difficult to determine what actions can be undertaken to resolve the concerns.



**Required Attachment: tn031a02 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: Ms Edith Dyer

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): Re appointed 3/19/00 –3/19/2005

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: 3/19/2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): George Killebrew, Mayor of Milan



**Required Attachment tn031a03: 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.)

Betty Lee, Charlie Clark, Margaret Johnson

## **Attachment tn031a04**

### **Mission and Goal Progress:**

The PHA has responded to the Resident Services and Satisfaction Survey (attachment tn031a01) identifying efforts to increase customer satisfaction within the developments.

Efforts to improve management functions are included in the amendments to the ACOP and Lease as well as implementation of the Community Service Program and Pet Policy.

Increasing the number and percentage of employed persons in the developments is being accomplished by a preference for working families included in the revised ACOP.

Based on the PHA's waiting list the goals to ensure equal opportunity in Housing for all Americans are being met.

The Milan Housing Authority has completed the Initial Conversion Assessment for the development. Based on the information and the evaluation; it was determined that it would be inappropriate to convert the development from public housing to the Section 8 rental assistance program



**MILAN tn031a05 Conversion**

**PHA Agency Plan  
Required Attachment (Component 10 (B))**

**Component 10 (B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA’s developments are subject to the Required Initial Assessments? **1**
- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **None**
- c. How many Assessments were conducted for the PHA’s covered development?  
**1**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **None**

<b>Development Name</b>	<b>Number of Units</b>

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **Completed**

## CAPITAL FUND PROGRAM TABLES START HERE

<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>					
PHA Name: Milan Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P03150102 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>
<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	\$191,455			
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				
20	1502 Contingency				

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

PHA Name: Milan Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P03150102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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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
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$191,455			
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				







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

Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
<b>Total CFP Estimated Cost</b>			\$			\$



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>					<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<b>Annual Statement</b>				
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>
Replacement Housing Factor Funds		<i>\$40,000</i>			





**CAPITAL FUND PROGRAM TABLES START HERE**

**Milan HA attachment tn031a06**

<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>					
PHA Name: Milan Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P03150102 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	\$191,455			
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				
20	1502 Contingency				

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

PHA Name: Milan Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P03150102 Replacement Housing Factor Grant No:	Federal FY of Grant: 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	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$191,455			
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				





### Capital Fund Program Five-Year Action Plan

#### Part I: Summary

PHA Milan Housing Authority		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant:2004 PHA FY: 2004	Work Statement for Year 4 FFY Grant:2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant:2006 PHA FY: 2006
	Annual Statement				
PHA-Wide		49,500	29,500	31,500	38,500
TN031-02		107,000	100,000	122,000	105,000
CFP Funds Listed for 5-year planning		156,500	129,500	153,500	143,500
Replacement Housing Factor Funds					





# Capital Fund Program Five-Year Action Plan

## Part I: Summary

*SAMPLE*

PHA Name <i>Anytown Housing Authority</i>					
		<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<b>Annual Statement</b>				
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>
Replacement Housing Factor Funds		<i>\$40,000</i>			



