

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

PHA Plan Agency Identification

PHA Name: Walnut Housing Authority

PHA Number: MS080

PHA Fiscal Year Beginning: (mm/yyyy) 01/2003

PHA Plan Contact Information:

Name: Thomas M. Coleman

Phone: 662-286-8437

TDD: 662-286-8437

Email (if available): tmcoleman@tvrha.com

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 2003

[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 type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
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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.

Screening and Eviction for Drug Abuse and other Criminal Activity (formerly "One Strike"):
Walnut Housing Authority has changed its Public Housing Admissions and Continued Occupancy Plan to incorporate the changes to the "One Strike" Rule.

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? \$ 65,000.00

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. 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.)

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

[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.)

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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment 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

[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) Attachment F
- 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 F.

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) State of Mississippi

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)

To provide decent and safe housing at an affordable cost and without discrimination.

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:

“Substantial Deviation” of the Annual Plan from the 5-Year Plan is defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

B. Significant Amendment or Modification to the Annual Plan:

1. Changes to rent or admissions policies or organization of the waiting list; or
2. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Plan).

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 Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	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 checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	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
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
	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
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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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 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); · 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
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
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Community Service Voluntary Conversion of Developments from Public Housing	(specify as needed)

Attachment B

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 1: Summary					
PHA Name: Walnut Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26P08050103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<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	\$ 0.00			
3	1408 Management Improvements Soft Costs	\$ 0.00			
	Management Improvements Hard Costs	\$ 0.00			
4	1410 Administration	\$ 0.00			
5	1411 Audit	\$ 0.00			
6	1415 Liquidated Damages	\$ 0.00			
7	1430 Fees and Costs	\$ 0.00			
8	1440 Site Acquisition	\$ 0.00			
9	1450 Site Improvement	\$ 0.00			
10	1460 Dwelling Structures	\$ 0.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 0.00			
12	1470 Nondwelling Structures	\$ 0.00			
13	1475 Nondwelling Equipment	\$ 0.00			
14	1485 Demolition	\$ 0.00			
15	1490 Replacement Reserve	\$ 65,000.00			
16	1492 Moving to Work Demonstration	\$ 0.00			
17	1495.1 Relocation Costs	\$ 0.00			

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

PHA Name: Walnut Housing Authority	Grant Type and Number Capital Fund Program Grant No: MS26P08050103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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	
18	1499 Development Activities	\$	0.00		
19	1502 Contingency	\$	0.00		
	Amount of Annual Grant: (sum of lines.....)	\$	65,000.00		
	Amount of line XX Related to LBP Activities	\$	0.00		
	Amount of line XX Related to Section 504 compliance	\$	0.00		
	Amount of line 3 Related to Security –Soft Costs	\$	0.00		
	Amount of Line XX related to Security-- Hard Costs	\$	0.00		
	Amount of line XX Related to Energy Conservation Measures	\$	0.00		
	Collateralization Expenses or Debt Service	\$	0.00		

Capital Fund Program Five-Year Action Plan

Attachment C

Part I: Summary

PHA Name Walnut Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2004	Work Statement for Year 3 FFY Grant: PHA FY:2005	Work Statement for Year 4 FFY Grant: PHA FY: 2006	Work Statement for Year 5 FFY Grant: PHA FY: 2007
MS 8-01 Old Walnut	Annual Statement	0.00	171,000.00	0.00	0.00
MS 8-02 Alexander Apts.		0.00	35,000.00	0.00	0.00

Capital Fund Program Five-Year Action Plan

Attachment C

Part I: Summary

PHA Name Walnut Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 10/2002 PHA FY: 6/2003	Work Statement for Year 3 FFY Grant: 10/2003 PHA FY:6/2004	Work Statement for Year 4 FFY Grant: 10/2004 PHA FY: 6/2005	Work Statement for Year 5 FFY Grant: 10/2005 PHA FY: 6/2006
Physical Improvement Subtotal		0.00	206,000.00	0.00	0.00
HA- Wide Management Improvement Subtotal		0.00	0.00	0.00	0.00
Administrative Subtotal		0.00	10,000.00	0.00	0.00
Fees & Costs Subtotal		0.00	14,000.00	0.00	0.00
Replacement Reserves		65,000.00	0.00	65,000.00	65,000.00
Total CFP Funds (Est.)		65,000.00	65,000.00	65,000.00	65,000.00
Subtotal Replacement Reserves		\$304,860.25	\$139,860.25	\$204,860.25	\$269,860.25

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

Activities for Year 1	Activities for Year :__2__ FFY Grant: 2003 PHA FY: 1/2004			Activities for Year: __3__ FFY Grant: 2003 PHA FY: 1/2004		
	Project / Location	Number of Units	Estimated Cost	Project / Location	Number of Units	Estimated Cost
See Annual Statement	MS 8-01 Old Walnut	0	0.00	MS 8-01 Old Walnut Work Items: Interior renovation (includes but not limited to walls, floors, kitchens, bathrooms, doors, electrical, etc.) Site Exterior renovation (includes but limited to exterior siding, shutters, etc.)	22 1 22	\$141,000.00 \$20,000.00 \$10,000.00

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

Activities for Year 1	Activities for Year :__2__ FFY Grant: 2003 PHA FY: 1/2004			Activities for Year: __3__ FFY Grant: 2004 PHA FY: 1/2005		
	Project / Location	Number of Units	Estimated Cost	Project / Location	Number of Units	Estimated Cost
See Annual Statement	MS 8-02 Alexander Apts.	0	0.00	MS 8-02 Alexander Apts. Work Items: Interior renovation (includes but not limited to walls, floors, kitchens, bathrooms, doors, electrical, etc.) Mechanical Systems Site Exterior renovation (includes but not limited to exterior siding, shutters, etc.)	12 12 1 12	\$20,000.00 \$5,000.00 \$5,000.00 \$5,000.00
		Subtotal:	0.00		Subtotal	\$206,000.00

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

Activities for Year 1	Activities for Year : __4__ FFY Grant: 10/2005 PHA FY: 1/2006			Activities for Year: __5_ FFY Grant: 10/2006 PHA FY: 1/2007		
See Annual Statement	Project / Location	Number of Units	Estimated Cost	Project / Location	Number of Units	Estimated Cost
	MS 8-01 Old Walnut	0	0.00	MS 8-01 Old Walnut	0	0.00
	MS 8-02 Alexander Apts.	0	0.00	MS 8-02 Alexander Apts.	0	0.00
		Subtotal:	0.00		Subtotal:	0.00

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 required 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): House Resolution 2620, Section 211, Exempt Mississippi, Alaska, and Iowa through 9/30/02.
- B. Date of next term expiration of a governing board member: **7/02/2003**
- C. Name and title of appointment official(s) for governing board (indicate appointing official for the next position):

Mayor and Board of Alderman
Of the Town of Walnut, Mississippi

**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.)

Dorothy Kirkman – Resident Leader

Carolyn Houston - Resident

Attachment F

Resident Advisory Boards Comments **Received on WHA's Agency Plan**

The following is a list of comments received during the resident meetings and TVRHA's responses regarding the Agency Plan:

For Old Walnut Housing the residents parking is on the street, tenants suggested parking areas be constructed behind their apartments. Walnut Housing Authority is not going to construct parking areas at the rear of the apartments since there is adequate parking in the front of the units.

Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp.3/31/2002)

See page 3 for Instructions and Public Reporting burden statement

Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _
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Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity.	Estimated Cost		Actual Cost
Summary by Account (6200 subaccount)	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	()	()	()
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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Annual Statement / Performance and Evaluation Report on Replacement Reserve
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157
 (exp. 3/31/2002)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
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—Non-expendable				
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	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)				
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				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

Signature of Executive Director _____ Date _____

Signature of Public Housing Director _____ Date _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	

Signature of Executive Director _____ Date _____

Signature of Public Housing Director _____ Date _____

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Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157
 (exp. 3/31/2002)

HA Name _____	Comprehensive Grant Number _____	FFY of Grant Approval _____
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
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—Non-expendable				
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	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)				
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				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date _____	Signature of Public Housing Director _____	Date _____
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	

Signature of Executive Director _____ Date _____

Signature of Public Housing Director _____ Date _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report .

Attachment H

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 1: Summary						
PHA Name: Walnut Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26P08050102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)						
<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	\$ 0.00	0.00			
3	1408 Management Improvements Soft Costs	\$ 0.00	0.00			
	Management Improvements Hard Costs	\$ 0.00	0.00			
4	1410 Administration	\$ 0.00	0.00			
5	1411 Audit	\$ 0.00	0.00			
6	1415 Liquidated Damages	\$ 0.00	0.00			
7	1430 Fees and Costs	\$ 0.00	0.00			
8	1440 Site Acquisition	\$ 0.00	0.00			
9	1450 Site Improvement	\$ 0.00	0.00			
10	1460 Dwelling Structures	\$ 0.00	0.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 0.00	0.00			
12	1470 Nondwelling Structures	\$ 0.00	0.00			
13	1475 Nondwelling Equipment	\$ 0.00	0.00			
14	1485 Demolition	\$ 0.00	0.00			
15	1490 Replacement Reserve	\$ 65,000.00	63,293.00			
16	1492 Moving to Work Demonstration	\$ 0.00	0.00			
17	1495.1 Relocation Costs	\$ 0.00	0.00			

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

PHA Name: Walnut Housing Authority	Grant Type and Number Capital Fund Program Grant No: MS26P08050102 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: 1)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities	\$ 0.00	0.00		
19	1502 Contingency	\$ 0.00	0.00		
	Amount of Annual Grant: (sum of lines.....)	\$ 65,000.00	63,293.00		
	Amount of line XX Related to LBP Activities	\$ 0.00	0.00		
	Amount of line XX Related to Section 504 compliance	\$ 0.00	0.00		
	Amount of line 3 Related to Security –Soft Costs	\$ 0.00	0.00		
	Amount of Line XX related to Security-- Hard Costs	\$ 0.00	0.00		
	Amount of line XX Related to Energy Conservation Measures	\$ 0.00	0.00		
	Collateralization Expenses or Debt Service	\$ 0.00	0.00		

Attachment I

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.
- 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:

INITIAL ASSESSMENT OF VOLUNTARY CONVERSION OF PUBLIC HOUSING DEVELOPMENT

Dr. George C. Smith
Attention: Gloria Smith

PHA: Walnut Housing Authority (WHA)

Exemption: The PHA must conduct a required initial assessment once for each of its developments, unless:

- The development is subject to required conversion under 24 CFR part 971;
- The development is the subject of an application for demolition or disposition that has not been disapproved by HUD;
- A Hope VI revitalization grant has been awarded for the development;
- The development is designated for occupancy by the elderly and/or persons with disabilities; or
- X Not applicable

Certification: The PHA hereby certifies that it has:

- X Reviewed the development's operation as public housing;
- X Considered the implications of converting the public housing to tenant based assistance; and
- X Concluded that conversion of the development may be:
 - Appropriate because removal would meet the necessary conditions for voluntary conversion as follows:
 - The conversion will not be more expensive than continuing to operate the development or portion of it as public housing;
 - The conversion will principally benefit the residents of the public housing development to be converted and the community; and
 - The conversion will not adversely affect the availability of affordable housing in the community.
 - X Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion as described above.

Reasons for the Assessment: Required per 24 CFR 972 dtd June 22, 2001, Voluntary Conversion of Developments From Public Housing Stock; Required Initial Assessments; Final Rule.

Certified by: Thomas M. Coleman
Executive Director

Date: September 11, 2001

Attachment K

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? Two (2)
- 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 developments? One (1)
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None