PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 05/31/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan for Fiscal Year: 2004 PHA Name: Loudon HA

Version 1 – Submitted to HUD March 26, 2004

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan
Agency Identification

PHA Name: Loudon Housing Authority **PHA Number:** TN064
PHA Fiscal Year Beginning: (mm/yyyy) 07/2004

PHA Programs Administered:

☐ **Public Housing and Section 8** ☐ **Section 8 Only** ☒ **Public Housing Only**
Number of public housing units: Number of S8 units: Number of public housing units:
Number of S8 units:

☐ PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: Lori Everett Phone: 865-458-2061
TDD: 865-458-2061 Email (if available): lhalori@bellsouth.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)
☒ PHA's main administrative office ☐ PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.
If yes, 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)

Streamlined Annual PHA Plan
Fiscal Year 2004
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

☐ 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
☒ 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
☐ 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
☐ 4. Project-Based Voucher Programs
☐ 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
☒ 6. Supporting Documents Available for Review
☒ 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
☒ 8. Capital Fund Program 5-Year Action Plan

Required Attachments

☒ Attachment A: Resident Membership on PHA Board or Governing Body (**Included in plan**)
☒ Attachment B: Membership of Resident Advisory Board (**Included in plan**)
☒ Attachment C: Comments of Resident Advisory Board and Explanation of PHA Response (**Included in plan**)
☒ Attachment D: Voluntary Conversion Component (**Included in plan**)
☒ Admissions Policy for Deconcentration (**tn064a01**)
☒ P & E Report, TN37-PO64-501-02, as of 12-31-2003 (**tn064b01**)
☒ P & E Report, TN37-PO64-501-03, as of 12-31-2003 (**tn064c01**)

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*: *Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, *Certification for a Drug-Free Workplace;*
Form HUD-50071, *Certification of Payments to Influence Federal Transactions*; and
Form SF-LLL &SF-LLLa, *Disclosure of Lobbying Activities*.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

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

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	**Date Initiated**	**Initial mix of Racial, Ethnic or Disability Demographics**	**Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL**	**Percent change between initial and current mix of Racial, Ethnic, or Disability demographics**

2. What is the number of site based waiting list developments to which families may apply at one time?

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?

4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
   If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously
   If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
   ☐ PHA main administrative office
   ☐ All PHA development management offices
   ☐ Management offices at developments with site-based waiting lists
   ☐ At the development to which they would like to apply
   ☐ Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]
Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.

2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in

its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. ☐ Yes ☒ No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status
a. Development Name: b. Development Number:
c. Status of Grant: ☐ Revitalization Plan under development ☐ Revitalization Plan submitted, pending approval ☐ Revitalization Plan approved ☐ Activities pursuant to an approved Revitalization Plan underway

3. ☐ Yes ☐ No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:

4. ☐ Yes ☐ No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5. ☐ Yes ☐ No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. ☐ 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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. 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 of purchase price and requiring that at least 1 percent of the purchase price 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.

☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):

☐ Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

☐ Yes ☒ No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

   ☐ low utilization rate for vouchers due to lack of suitable rental units
   ☐ access to neighborhoods outside of high poverty areas
   ☐ other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

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 on its waiting lists 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 the initiatives contained in the Consolidated Plan. (list below)
☐ Other: (list below)

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

Please refer to the Executive Summary of the Consolidated Plan for the State of Tennessee

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

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**
N/A	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans*;	5 Year and Annual Plans
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan*	Streamlined Annual Plans
N/A	*Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.*	5 Year and standard 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 for families on the PHA's public housing and Section 8 tenant-based waiting lists.	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] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. ☐ Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	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. ☒ 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. ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. ☐ 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 Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any policies governing any Section 8 special housing types ☐ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☒ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures. ☐ Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
N/A	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 Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
N/A	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
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☐ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
N/A	Cooperative 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
N/A	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 for public housing.	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
X	Other supporting documents (optional)	(specify as needed)

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	(list individually; use as many lines as necessary) Deconcentration Information	5-year & Annual Statement
N/A	Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: Loudon Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-04 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1,000.00			
3	1408 Management Improvements	39,000.00			
4	1410 Administration	1,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	87,311.00			
11	1465.1 Dwelling Equipment—Nonexpendable	2,000.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	2,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	8,000.00			
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	180,811.00			
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				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: Loudon HA		**Grant Type and Number** Capital Fund Program Grant No: TN37-PO64-501-04 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2004		
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	Operations	1406	LS	1,000.00				
	VISTA Worker	1408	1 position	13,000.00				
	Part-Time Worker	1408	1 position	15,000.00				
	Community Care Giver	1408	1 position	6,000.00				
	Computer upgrade	1408	LS	5,000.00				
	Advertising	1410	LS	1,000.00				
	Fees & Costs A/E Services 15,000 Upgrade Agency Plan 2,500 Environmental Review 1,000	1430	LS	18,500.00				
	Annual Inspections	1430	LS	2,000.00				
	Repair drain lines	1460	LS	4,000.00				
	Appliances	1465.1	LS	2,000.00				
	Office equipment	1475	LS	1,000.00				
	Maintenance equipment	1475	LS	1,000.00				
	Relocation	1495	LS	8,000.00				
TN64-002	Kitchen, bath renovations, VCT, exterior doors/frames/hardware, HVAC	1460	8 units	81,311.00				
TN64-003	Tot Lot	1450	1	20,000.00				
	Replace light fixtures (interior)	1460	LS	2,000.00				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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

PHA Name: Loudon Housing Authority	**Grant Type and Number** Capital Fund Program No: TN37-PO64-501-04 Replacement Housing Factor No:	**Federal FY of Grant:** 2004

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	
HA-Wide	9-30-2006			9-30-2008			
TN64-002	9-30-2006			9-30-2008			
TN64-003	9-30-2006			9-30-2008			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Loudon Housing Authority				☒ **Original 5-Year Plan** ☐ **Revision No:**	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: TN37-PO64-501-05 PHA FY: 2005	Work Statement for Year 3 FFY Grant: TN37-PO64-501-06 PHA FY: 2006	Work Statement for Year 4 FFY Grant: TN37-PO64-501-07 PHA FY: 2007	Work Statement for Year 5 FFY Grant: TN37-PO64-501-08 PHA FY: 2008
	Annual Statement				
HA-WIDE		98,500	98,500	108,500	108,500
TN64-002		82,311	45,311	63,311	64,311
TN64-003		0	37,000	9,000	8,000
CFP Funds Listed for 5-year planning		180,811	180,811	180,811	180,811
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :_2__ FFY Grant: TN37-PO64-501-05 PHA FY: 2005			Activities for Year: 3 FFY Grant: TN37-PO64-501-06 PHA FY: 2006		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
	HA-WIDE	Operations	1,000	HA-WIDE	Operations	1,000
See		VISTA	13,000		VISTA	13,000
		Community Care Giver	6,000		Community Care Giver	6,000
Annual		Part-Time Worker	15,000		Part-Time Worker	15,000
Statement		Advertising	1,000		Advertising	1,000
		Agency Plan Update	2,500		Agency Plan Update	2,500
		Environmental Review	1,000		Environmental Review	1,000
		Computer Upgrade	5,000		Computer Upgrade	5,000
		A/E Fees	15,000		A/E Fees	15,000
		Maintenance equipment	1,000		Maintenance equipment	1,000
		Office equipment	1,000		Office equipment	1,000
		Appliances	10,000		Appliances	10,000
		Relocation	20,000		Relocation	20,000
		Annual Inspection	2,000		Annual Inspection	2,000
		Repair drain lines	5,000		Repair drain lines	5,000
		Subtotal	**98,500**		**Subtotal**	**98,500**
	TN64-002	Kitchen, bath renovations, VCT, Exterior doors/frames/hardware, HVAC @ 8 units	82,311	TN64-002	Kitchen, bath renovations, VCT, Exterior doors/frames/hardware, HVAC @ 4 units	45,311
		Subtotal	**82,311**		**Subtotal**	**45,311**
	TN64-003			TN64-003	Repave parking bays, striping & numbering	37,000
		Subtotal	**0.00**		**Subtotal**	**37,000**
Total CFP Estimated Cost			**$180,811**			**$180,811**

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :_4__ FFY Grant: TN37-PO64-501-07 PHA FY: 2007			Activities for Year: *5* FFY Grant: TN37-PO64-501-08 PHA FY: 2008		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
HA-WIDE	Operations	1,000	HA-WIDE	Operations	1,000
	VISTA	13,000		VISTA	13,000
	Community Care Giver	6,000		Community Care Giver	6,000
	Part-Time Worker	15,000		Part-Time Worker	15,000
	Advertising	1,000		Advertising	1,000
	Agency Plan Update	2,500		Agency Plan Update	2,500
	Environmental Review	1,000		Environmental Review	1,000
	Computer Upgrade	5,000		Computer Upgrade	5,000
	A/E Fees	15,000		A/E Fees	15,000
	Maintenance equipment	1,000		Maintenance equipment	1,000
	Office equipment	1,000		Office equipment	1,000
	Appliances	10,000		Appliances	10,000
	Relocation	20,000		Relocation	20,000
	Annual Inspection	2,000		Annual Inspection	2,000
	Repair drain lines	5,000		Repair drain lines	5,000
	Lawn mowers (2)	10,000		Small tractor/back-hoe	10,000
	Subtotal	**108,500**		**Subtotal**	**108,500**
TN64-002	Fencing @ property line	3,000	TN64-002	HVAC @ family units	59,311
	HVAC @ family units	60,311		Resurface parking	5,000
	Subtotal	**63,311**		**Subtotal**	**64,311**
TN64-003	Kitchen cabinets/countertops/ range hoods /wall caps	5,000	TN64-003	Kitchen cabinets/countertops / range hoods/wall caps	5,000
	Sidewalks	1,000		Tub replacement /bathroom renovations	3,000
	Tub replacement/bathroom renovations	3,000			
	Subtotal	**9,000**		**Subtotal**	**8,000**
Total CFP Estimated Cost		**$180,811**			**$180,811**

9. Required Attachments

Required Attachment A: 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: **Tim Jenkins**

B. How was the resident board member selected: (select one)?
☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 12/15/2005

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: December 15, 2004

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

Mr. Bernie R. Sweeney,
Mayor of Loudon, Tennessee

9. Required Attachments

Required Attachment B: Membership of the Resident Advisory Board (herein referred to as the Resident Council)

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.)

Tim Jenkins – 118 Hackberry Street
Janice Kittrell – 122 Hackberry Street
Charles Collins – 114 Hackberry Street
Nellie Russell – 158 Willow Court
Judy Varner – 168 Creekwood Circle

9. Required Attachments

Required Attachment C: Comments of Resident Advisory Board/ Resident Council and Explanation of PHA Response

Below is a list of comments and how they have been addressed (**in bold**):

TN64-002 Fort Hill Development

New kitchen cabinets
Additional site lighting

Already in 5-year plan

TN64-003 Creekwood Development

Clean parking areas

Streets are maintained by City of Loudon. Individual parking lots are to be maintained by residents. Repaving of parking areas is in 5-year plan

Light fixtures (interior)

LHA has included in their 5-year plan

9. Required Attachments

Required Attachment D: Voluntary Conversion Initial Assessment Component 10(b)

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)?

Zero (0)

c. How many Assessments were conducted for the PHA's covered developments?

One, the initial assessment

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

At this time, there are no developments that are appropriate for conversion

LOUDON HOUSING AUTHORITY
DECONCENTRATION POLICY

The Loudon Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.

B. Income Mixing: Prior to the beginning of each fiscal year the LHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The LHA will strive to insure that no individual development has a concentration of higher or lower income families. The LHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The LHA will affirmatively market public housing to all eligible income groups. If necessary, the LHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
LOUDON HOUSING AUTHORITY	Capital Fund Program: TN37-PO64-501-02 Capital Fund Program Replacement Housing Factor Grant No:	2002

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:** B)
☒ **Performance and Evaluation Report for Period Ending: 12/31/2003** ☐ **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	1,000.00	1,000.00	500.00	0.00
3	1408 Management Improvements	21,500.00	21,500.00	16,500.00	4,000.00
4	1410 Administration	1,000.00	1,000.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	25,500.00	25,500.00	25,500.00	4,355.20
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	31,000.00	84,862.16	74,511.64	67,207.24
10	1460 Dwelling Structures	16,960.00	16,960.00	16,960.00	16,960.00
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	10,000.00	1,396.00	1,396.00
12	1470 Nondwelling Structures	110,794.00	56,931.84	0.00	0.00
13	1475 Nondwelling Equipment	2,000.00	2,000.00	1,193.24	1,185.47
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1498 Mod Used for Development	0.00	0.00	0.00	0.00
19	1502 Contingency	0.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2-19)	219,754.00	219,754.00	136,560.88	95,103.91
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				

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

PHA Name: LOUDON HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program #: TN37-PO64-501-02 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	
HA-Wide	Operations	1406	LS	1,000	1,000	500.00	0.00	No Work to Date
	VISTA Worker ($12,500) & Community Care Giver ($4,000)	1408	2 positions	16,500.00	16,500.00	16,500.00	4,000.00	No Work to Date
	Computer Upgrade	1408	LS	5,000.00	5,000.00	0.00	0.00	No Work to Date
	Advertising	1410	LS	1,000.00	1,000.00	0.00	0.00	No Work to Date
	Fees and Costs	1430	LS	25,500.00	25,500.00			
	A/E Services 10,000					10,000.00	0.00	Work In Progress
	Upgrade agency plan 2,500					2,500.00	2,000.00	Work Complete
	Energy Audit 5,000					5,000.00	0.00	Work In Progress
	Environmental Review 1,000					1,000.00	1,000.00	Work Complete
	LBP Clearance Testing 5,000					5,000.00	0.00	No work to Date
	Annual Inspection 2,000					2,000.00	1,355.20	Work Complete
	Appliances	1465.1	LS	10,000.00	10,000.00	1,396.00	1,396.00	Work In Progress
	Office Renovations (DEFER)	1470	LS	6,893.00	0.00	0.00	0.00	Deferred
	Office equipment	1475	LS	1,000.00	1,000.00	193.24	193.24	Work In Progress
	Maintenance equipment	1475	LS	1,000.00	1,000.00	1,000.00	992.23	Work In Progress
	Relocation (DEFER)	1495	LS	0.00	0.00	0.00	0.00	Deferred
TN64-002	Landscaping	1450	LS	5,000.00	5,000.00	5,000.00	5,000.00	Work Complete
	Replace window screens (DEFER)	1460	LS	0.00	0.00	0.00	0.00	Deferred
	Renovations including HVAC (DEFER)	1460	6 units	0.00	0.00	0.00	0.00	Deferred
	Dryer hook-ups @ 2,3 & 4 bdrm units (DEFER)	1460	LS	0.00	0.00	0.00	0.00	Deferred
	*Sewer line repair - emergency work – doesn't require formal budget revision	1460	1 unit	8,060.00	8,060.00	8,060.00	8,060.00	Work Complete
	Additional parking (DEFER)	1450	LS	21,000.00	0.00	0.00	0.00	Deferred
	Office Addition (DEFER)	1470	LS	60,901.00	0.00	0.00	0.00	Deferred

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

PHA Name: LOUDON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: TN37-PO64-501-02 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	
TN64-003	Landscaping	1450	LS	5,000.00	59,862.16	59,862.16	59,862.16	Work Complete
	*Foundation repair – emergency work – doesn't require formal budget revision	1460	156 Willow Court	8,900.00	8,900.00	8,900.00	8,900.00	Work Complete
	Replace ceiling tile at Comm. Building	1470	LS	3,000.00	3,000.00	0.00	0.00	No Work to Date – from CFP 2001
	Additional maintenance space	1470	LS	40,000.00	53,931.84	0.00	0.00	No Work to Date
	Tot Lot	1450	1	0.00	20,000.00	9,649.48	2,345.08	Work In Progress

The following items were added to this budget and do not constitute a formal budget revision

1. TN64-003: Tot lot was brought from approved 5-year plan

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

PHA Name: LOUDON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program #: TN37-PO64-501-02 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	06-30-2004			06-30-2006			
TN064-002	06-30-2004			06-30-2006			
TN064-003	06-30-2004			06-30-2006			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
LOUDON HOUSING AUTHORITY	Capital Fund Program: TN37-PO64-501-03 Capital Fund Program Replacement Housing Factor Grant No:	2003

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 12-31-2003** ☐ **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	1,000.00		0.00	0.00
3	1408 Management Improvements	21,500.00		0.00	0.00
4	1410 Administration	1,000.00		0.00	0.00
5	1411 Audit	0.00		0.00	0.00
6	1415 liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	15,500.00		995.00	995.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	37,000.00		0.00	0.00
10	1460 Dwelling Structures	35,000.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00		0.00	0.00
12	1470 Nondwelling Structures	49,811.00		0.00	0.00
13	1475 Nondwelling Equipment	10,000.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1492 Moving to Work Demonstration	0.00		0.00	0.00
17	1495.1 Relocation Costs	0.00		0.00	0.00
18	1498 Mod Used for Development	0.00		0.00	0.00
19	1502 Contingency	0.00		0.00	0.00
20	Amount of Annual Grant: (sum of lines 2-19)	180,811.00		995.00	995.00
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				

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

PHA Name: LOUDON HOUSING AUTHORITY

Grant Type and Number
Capital Fund Program #: TN37-PO64-501-03
Capital Fund Program
Replacement Housing Factor #:

Federal FY of Grant: 2003

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	
HA-Wide	Operations	1406	LS	1,000		0.00	0.00	No Work To Date
	VISTA Worker	1408	1 position	12,500.00		0.00	0.00	No Work To Date
	Community Care Giver	1408	1 position	4,000.00		0.00	0.00	No Work To Date
	Computer Upgrade	1408	LS	5,000.00		0.00	0.00	No Work To Date
	Advertising	1410	LS	1,000.00		0.00	0.00	No Work To Date
	Fees and Costs	1430	LS	13,500.00		0.00	0.00	No Work To Date
	A/E Services 10,000					0.00	0.00	No Work To Date
	Upgrade agency plan 2,500					0.00	0.00	No Work To Date
	Environmental Review 1,000					995.00	995.00	Work Completed
	Annual Inspections	1430	LS	2,000.00		0.00	0.00	No Work To Date
	Site Lighting	1450	LS	500.00		0.00	0.00	No Work To Date
	Landscaping/shrubbery	1450	LS	500.00		0.00	0.00	No Work To Date
	Guttering	1460	LS	10,000.00		0.00	0.00	No Work To Date
	Appliances	1465.1	LS	10,000.00		0.00	0.00	No Work To Date
	Office Furnishings	1475	LS	5,000.00		0.00	0.00	No Work To Date
	Office equipment	1475	LS	1,000.00		0.00	0.00	No Work To Date
	Maintenance equipment	1475	LS	1,000.00		0.00	0.00	No Work To Date
	Golf Cart (Maintenance)	1475	1	3,000.00		0.00	0.00	No Work To Date
TN64-002	Additional parking	1450	LS	31,000.00		0.00	0.00	No Work To Date
	Replace window screens	1460	LS	5,000.00		0.00	0.00	No Work To Date
	Dryer hook-ups @ 2,3 & 4 bdrm units	1460	LS	15,000.00		0.00	0.00	No Work To Date
	VCT @ Community Room	1470	LS	5,000.00		0.00	0.00	No Work To Date
	Office Addition	1470	LS	33,811.00		0.00	0.00	No Work To Date
	Office Renovations	1470	LS	1,000.00		0.00	0.00	No Work To Date
TN64-003	Dumpster screening	1450	LS	5,000.00		0.00	0.00	No Work To Date
	Replace window screens	1460	LS	5,000.00		0.00	0.00	No Work To Date
	Update Community Building	1470	LS	10,000.00		0.00	0.00	No Work To Date

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

PHA Name: LOUDON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program #: TN37-PO64-501-03 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2003

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	09-30-2005			09-30-2007			
TN064-002	09-30-2005			09-30-2007			
TN064-003	09-30-2005			09-30-2007			