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

Athens Housing Authority
TN015V01
PHA Plans

5 Year Plan for Fiscal Years 2007 - 2011
Annual Plan for Fiscal Year 2007

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: ATHENS HOUSING AUTHORITY

PHA Number: TN015

PHA Fiscal Year Beginning: (mm/yyyy) 10/2007

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
☐ PHA local 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
☐ PHA local offices
☐ Main administrative office of the local government
☐ Main administrative office of the County government
☐ Main administrative office of the 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)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

5-YEAR PLAN
PHA FISCAL YEARS 2007 - 2011
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☒ The PHA's mission is: (state mission here)

The mission of the Athens Housing Authority is to provide drug free, decent, safe and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS**. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

☐ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- ☐ Reduce public housing vacancies:
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)

☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☐ Improve public housing management: (PHAS score)
- ☐ Improve voucher management: (SEMAP score)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

- ☒ Increase customer satisfaction:
- ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☐ PHA Goal: Increase assisted housing choices
Objectives:

- ☐ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

☒ PHA Goal: Provide an improved living environment
Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

PHA Goal: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments.

Objective:

Incorporate, when applicable, Energy Star Program qualified products and practices.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual PHA Plan
PHA Fiscal Year 2007
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

☒ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 (r)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Athens Housing Authority has completed this Agency Plan in consultation with AHA residents and the local communities. The Plan was discussed with the Resident Advisory Board on May 8, 2007 and May 23, 2007. The public was afforded an opportunity to review the plan and offer comments at a public hearing held on July 3, 2007. The Annual Agency Plan is summarized as follows:

1. Housing Needs
   Although the AHA's current waiting list is not excessive, the demand for public housing (35) and Section 8 (5) assistance is evident. The greatest demand is for small bedroom units (1 and 2 bedroom units).

2. Financial Resources
   The AHA expects to expend approximately $3,454,000 in the year 2007 for operations, capital improvements and administrative costs.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

3. Eligibility, Selection and Admission Policies

The AHA has revised its standard operating policies and Section 8 policies to comply with the requirements of the QHWRA through regulations published in the Federal Register on March 29, 2000. These policies will be updated as HUD issues further guidance.

As required under this section of the plan and by regulations published in PIH Notice 2001-4, the AHA has reviewed its developments and the census tracts in which they are located relative to income. The AHA has determined that they do not have a problem with concentration of high or low-income families. Further, the AHA has revised their admission policies to assure that a concentration does not occur in the future.

4. Rent Determination-Discretionary Policies

The AHA's discretionary rent policies include:

- ✓ Flat Rents
- ✓ $50.00 minimum rent for Public Housing and $25.00 minimum rent for Section 8

5. Operations and Management

As a high performing PHA, the AHA is exempt from this component of the PHA Plan. However, the AHA's policies have been revised to comply with the mandated requirements of the QHWRA.

6. Grievance Procedure

The AHA has revised its Grievance Procedure to comply with the QHWRA and will continue to make revisions as additional issues are addressed by HUD regulations.

7. Capital Improvements

The AHA's projected funding under the Capital Fund Program is $696,528. The focus for the 2007 program year is to perform bathroom renovations in Development TN015-003; perform handicap renovations in Development TN015-004; replace attic fans and heating systems, perform electrical upgrades and install new exterior doors and screen doors in Development TN015-006;

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

perform bathroom renovations in Development TN015-007; replace water heaters in Development TN015-009 and install new exterior doors, screen doors and window screens in TN015-010. Additionally, the AHA will install GFI outlets on a PHA-Wide basis.

8. Demolition and/or Disposition

The AHA has no current plans for demolition or disposition.

9. Designation

The AHA plans to maintain the current elderly/disabled designation that applies to a portion of its units. The AHA has no plans to designate additional units in the future.

10. Conversion of Public Housing

The AHA conducted an initial conversion assessment for each development as mandated by the QHWRA through regulations published in the Federal Register on June 22, 2001. This assessment determined that conversion would not be cost effective as identified in Attachment B: "Component 10 (B) Voluntary Conversion Initial Assessments". Therefore, the AHA has no current plans to designate any developments or buildings to tenant-based assistance.

11. Homeownership

As a high performing PHA, the AHA is exempt from this component of the PHA Plan. However, the AHA has no current plans to develop a Homeownership Program.

12. Community Services and Self-Sufficiency Programs

As a high performing PHA, the AHA is exempt from this component of the PHA Plan. However, the AHA offers and provides a variety of services and programs to their residents to achieve self-sufficiency. These services and programs include an After School Program, the Families First Program, Adult Basic Education and various services offered through United Way. Additionally, the AHA has adopted a policy relative to the community service requirement mandated by the QHWRA through

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

regulations published in the Federal Register on March 29, 2000. A description of the AHA's community service requirement is shown in Attachment C: "Implementation of Public Housing Resident Community Service Requirement".

13. Safety and Crime Prevention

As a high performing PHA not participating in the previously funded Public Housing Drug Elimination Program (PHDEP), the AHA is exempt from this component of the PHA Plan. However, the AHA, in cooperation with the Athens Police Department, has implemented a Community Oriented Policing Program. This program provides supplemental police and security services for the Authority in addition too educational and community service activities.

14. Ownership of Pets

The AHA has a policy related to tenant-owned pets. This policy permits all AHA residents to own pets as mandated by the QHWRA through regulations published in the Federal Register on July 10, 2000 and subject to compliance with specific requirements of our pet policy, which is included as Attachment D: “Pet Policy”.

15. Civil Rights Certification

The AHA has included the required certification regarding Fair Housing and Civil Rights in this plan.

16. Annual Audit

The AHA’s most recent annual audit is on file at the local HUD office in Knoxville, Tennessee and is available for review at the AHA’s main office during normal business hours.

17. Asset Management

As a high performing PHA, the AHA is exempt from this component of the PHA Plan. However, it is the goal of the AHA to manage their assets as efficiently as possible to meet the intent of the Mission Statement.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

	Page #
Annual Plan	
i. Executive Summary	1
ii. Table of Contents	5
1. Housing Needs	8
2. Financial Resources	14
3. Policies on Eligibility, Selection and Admissions	16
4. Rent Determination Policies	23
5. Operations and Management Policies	27
6. Grievance Procedures	28
7. Capital Improvement Needs	29
8. Demolition and Disposition	31
9. Designation of Housing	32
10. Conversions of Public Housing	33
11. Homeownership	34
12. Community Service Programs	36
13. Crime and Safety	38
14. Pets	40
15. Civil Rights Certifications (included with PHA Plan Certifications)	40
16. Audit	40
17. Asset Management	40
18. Other Information	41

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. Note: 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.

Required Attachments:

☒ **A** Admissions Policy for Deconcentration **(See Attachment A**)

☒ FY 2007 Capital Fund Program Annual Statement **(See Table Library)**

☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

☐ PHA Management Organizational Chart

☒ FY 2007 Capital Fund Program 5 Year Action Plan **(See Table Library)**

☐ Public Housing Drug Elimination Program (PHDEP) Plan

☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
☒ Other (List below, providing each attachment name)

Attachment B: "Component 10 (B) Voluntary Conversion Initial Assessments"
Attachment C: "Implementation of Public Housing Resident Community Service Requirements"
Attachment D: "Pet Policy"
Attachment E: "Statement of Progress in Meeting the 5-Year Plan Mission and Goals"
Attachment F: "Resident Membership on Governing Board"
Attachment G: "Membership of the Resident Advisory Board"
Attachment H: "Resident Survey Action Plan"

Supporting Documents Available for Review

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**	**Applicable Plan Component**
✔	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	5 Year and Annual Plans
✔	Fair Housing Documentation: 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
✔	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
✔	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
✔	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
✔	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
		Policies
✔	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
✔	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
✔	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
✔	Section 8 rent determination (payment standard) policies ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✔	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
✔	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
✔	Section 8 informal review and hearing procedures ☒ 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 the active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
✔	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
✔	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted	Annual Plan: Conversion of Public Housing

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
✔	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	755	3	3	2	1	NA	NA
Income >30% but <=50% of AMI	253	2	2	2	1	NA	NA
Income >50% but <80% of AMI	374	1	2	2	1	NA	NA

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Elderly	428	1	2	2	1	NA	NA
Families with Disabilities	NA	NA	NA	2	1	NA	NA
Race/Ethnicity(w)	1,815	NA	NA	2	1	NA	NA
Race/Ethnicity (b)	254	NA	NA	2	1	NA	NA
Race/Ethnicity (h)	50	NA	NA	2	1	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2000

☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset (City of Athens Jurisdictional Area)

☐ American Housing Survey data
Indicate year:

☐ Other housing market study
Indicate year:

☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s**. Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☒ Section 8 tenant-based assistance

☐ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover 01/01/06 - 12/31/06
Waiting list total	5		
Extremely low income <=30% AMI	4	80%	
Very low income	1	20%	

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Housing Needs of Families on the Waiting List			
(>30% but <=50% AMI)			
Low income (>50% but <80% AMI)	0	0%	
Families with children	3	60%	
Elderly families	0	0%	
Families with Disabilities	3	0%	
Race/ethnicity (w)	5	100%	
Race/ethnicity (b)	0	0%	
Race/ethnicity (h)	0	0%	
Race/ethnicity	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	NA	NA	NA
1 BR	NA	NA	NA
2 BR	NA	NA	NA
3 BR	NA	NA	NA
4 BR	NA	NA	NA
5 BR	NA	NA	NA

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)? **NA**

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Housing Needs of Families on the Waiting List			
			01/01/06 - 12/31/06
Waiting list total	35		179
Extremely low income <=30% AMI	32	91%	
Very low income (>30% but <=50% AMI)	3	9%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	14	40%	
Elderly families	0	0%	
Families with Disabilities	8	23%	
Race/ethnicity (w)	35	100%	
Race/ethnicity (b)	0	0%	
Race/ethnicity (h)	0	0%	
Race/ethnicity	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	0	0%	22
1 BR	19	54%	38
2 BR	8	23%	48
3 BR	5	14%	54
4 BR	3	9%	14
5 BR	0	0%	3

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)? **NA**

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☐ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
☒ Employ admissions preferences aimed at families with economic hardships
☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI
Select all that apply

☒ Employ admissions preferences aimed at families who are working
☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

☐ Seek designation of public housing for the elderly
☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:
Select all that apply

☐ Seek designation of public housing for families with disabilities
☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
☐ Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:
Select if applicable

☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing
Select all that apply

☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies
Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

☒ Funding constraints
☒ Staffing constraints
☐ Limited availability of sites for assisted housing
☒ Extent to which particular housing needs are met by other organizations in the community
☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☐ Influence of the housing market on PHA programs
☐ Community priorities regarding housing assistance
☐ Results of consultation with local or state government
☐ Results of consultation with residents and the Resident Advisory Board
☐ Results of consultation with advocacy groups
☐ Other: (list below)

2. Statement of Financial Resources
[24 CFR Part 903.7 9 (b)]
List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. Federal Grants (FY 2007 grants)		
a) Public Housing Operating Fund	$774,000	
b) Public Housing Capital Fund	$696,528	
c) HOPE VI Revitalization	$0	
d) HOPE VI Demolition	$0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	$158,916	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	$0	
g) Resident Opportunity and Self-Sufficiency Grants	$0	
h) Community Development Block Grant	$0	
i) HOME	$0	
Other Federal Grants (list below)	$0	
Rural Development	$77,603	Operations
2. Prior Year Federal Grants (unobligated funds only) (list below)		
FY 2006 CFP	$199,515	Capital Improvements
3. Public Housing Dwelling Rental Income	$957,990	Operations
4. Other income (list below)		
Excess Utilities	$93,950	Operations
Nondwelling Rental	$8,700	Operations
Interest Income	$18,840	Operations
Late Fees/Interfund	$43,000	Operations
5. Non-federal sources (list below)		
Section 8 New Construction (THDA)	$424,870	Operations
Total resources	**$3,453,912**	

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

☐ When families are within a certain number of being offered a unit: (state number)

☐ When families are within a certain time of being offered a unit: (state time)

☒ Other: (describe) When they apply

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

☒ Criminal or Drug-related activity

☒ Rental history

☒ Housekeeping

☐ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

☒ Community-wide list

☐ Sub-jurisdictional lists

☐ Site-based waiting lists

☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

☒ PHA main administrative office

☐ PHA development site management office

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☐ Other (list below)

c. 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 subsection **(3) Assignment**
Not Applicable

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? **NA**

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists? **NA**

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? **NA**
   ☐ 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)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
☐ One
☒ Two
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA: **Not Applicable**

(4) Admissions Preferences

a. Income targeting:
☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☒ Overhoused
- ☒ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☒ Substandard housing
- ☐ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences:

1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
Victims of domestic violence
1 Substandard housing
Homelessness
1 High rent burden

Other preferences (select all that apply)

☒(1) Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☒(1) Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

☐ The PHA applies preferences within income tiers
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

☒ The PHA-resident lease
☒ The PHA's Admissions and (Continued) Occupancy policy
☐ PHA briefing seminars or written materials
☒ Other source (list)

Resident Handbook

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

☒ At an annual reexamination and lease renewal
☒ Any time family composition changes
☐ At family request for revision

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☐ Other (list)

(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: **Not Applicable**

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

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

☒ Criminal or drug-related activity only to the extent required by law or regulation

☐ Criminal and drug-related activity, more extensively than required by law or regulation

☐ More general screening than criminal and drug-related activity (list factors below)

☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

☐ Criminal or drug-related activity
☒ Other (describe below)

If requested, the information in AHA's files relative to the suitability of the tenant per the Release of Information policy.

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

☒ PHA main administrative office
☐ Other (list below)

(3) Search Time

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

Extensions granted based on special needs and handicap as well as additional time to find a suitable unit.

(4) Admissions Preferences

a. Income targeting

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) **Not Applicable**

Former Federal preferences

☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☐ Victims of domestic violence
☐ Substandard housing
☐ Homelessness
☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
Victims of domestic violence
Substandard housing
Homelessness

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

High rent burden

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

☒ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one) **Not Applicable**

☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

☐ The PHA applies preferences within income tiers
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

Not Applicable

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

☐ The Section 8 Administrative Plan
☐ Briefing sessions and written materials
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

☐ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

☐ $0

☐ $1-$25

☒ $26-$50 ($50.00)

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

The AHA uses HUD's required minimum rent hardship exemptions.

3. If yes to question 2, list these policies below**:**

c. Rents set at less than 30% than adjusted income

1. ☒ Yes ☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

The AHA utilizes flat rents as identified in other sections of this component.

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) **Not Applicable**

☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

☐ For household heads
☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

☐ Yes for all developments
☐ Yes but only for some developments
☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

☐ For all developments **Not Applicable**
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments
☐ For certain parts of developments; e.g., the high-rise portion
☐ For certain size units; e.g., larger bedroom sizes
☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply) **Not Applicable**

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The “rental value” of the unit

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

☐ Never
☐ At family option
☒ Any time the family experiences an income increase
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)
☐ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

☐ The section 8 rent reasonableness study of comparable housing
☒ Survey of rents listed in local newspaper
☒ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies**.**

a. What is the PHA's payment standard? (select the category that best describes your standard)

☐ At or above 90% but below100% of FMR
☒ 100% of FMR
☐ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) **Not Applicable**

☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ The PHA has chosen to serve additional families by lowering the payment standard
☐ Reflects market or submarket
☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply) **Not Applicable**
☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ Reflects market or submarket
☐ To increase housing options for families
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)
☒ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
☒ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)
☐ $0
☒ $1-$25 ($25.00)
☐ $26-$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

The AHA uses HUD's required minimum rent hardship exemptions.

5. Operations and Management

[24 CFR Part 903.7 9 (e)] **Component Not Applicable**

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure **Not Applicable**

Describe the PHA's management structure and organization.
(select one)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☐ An organization chart showing the PHA's management structure and organization is attached.

☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management Not Applicable

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		
THDA – Section 8 New Construction		

C. Management and Maintenance Policies Not Applicable

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

Not Applicable

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

☐ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

Not Applicable

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

☒ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (**See Table Library)**

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) **(See Table Library)**

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

Applicability of sub-component 7B: 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.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
   - ☐ Revitalization Plan under development
   - ☐ Revitalization Plan submitted, pending approval
   - ☐ Revitalization Plan approved

☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☐ Yes ☒ No: d) 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:

☐ Yes ☒ No: e) 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:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: 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 component 9; if "yes", complete one activity description for each development.)

2. Activity Description **Not Applicable**

☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)] **Component Not Applicable**

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description **Not Applicable**

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly ☐ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☐

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ Part of the development ☐ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description **Not Applicable**

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

status)

- ☐ Conversion Plan in development
- ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY)
- ☐ Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)
   - ☐ Units addressed in a pending or approved demolition application (date submitted or approved:
   - ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:)
   - ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:)
   - ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
   - ☐ Requirements no longer applicable: site now has less than 300 units
   - ☐ Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

Component Not Applicable

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

2. Activity Description **Not Applicable**

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: ☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the UAHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) ☐ Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

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 component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description: **Not Applicable**

a. Size of Program

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

☐ 25 or fewer participants
☐ 26 - 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

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 below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)] **Component Not Applicable**

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

Not Applicable

1. Cooperative agreements:

☐ Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

☐ Client referrals
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☐ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

Not Applicable

(1) General

a. Self-Sufficiency Policies

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description **Not Applicable**

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
☐ Informing residents of new policy on admission and reexamination
☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)] **Component Not Applicable**

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents
Not Applicable

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
☐ Residents fearful for their safety and/or the safety of their children
☐ Observed lower-level crime, vandalism and/or graffiti
☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
☐ Other (describe below)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

☐ Safety and security survey of residents
☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
☐ Resident reports
☐ PHA employee reports
☐ Police reports
☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year.

Not Applicable

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
☐ Crime Prevention Through Environmental Design
☐ Activities targeted to at-risk youth, adults, or seniors
☐ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police.

Not Applicable

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
☐ Police provide crime data to housing authority staff for analysis and action
☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
☐ Police regularly testify in and otherwise support eviction cases
☐ Police regularly meet with the PHA management and residents
☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
☐ Other activities (list below)

2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2007 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

Not Applicable

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

☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2007 in this PHA Plan?

☐ Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename:)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.)

2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?

3. ☐ Yes ☒ No: Were there any findings as the result of that audit?

4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? **NA**

5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? **NA**
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)] **Component Not Applicable**

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☐ Not applicable
☐ Private management
☐ Development-based accounting
☐ Comprehensive stock assessment
☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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: (if comments were received, the PHA **MUST** select one)

☐ Attached at Attachment (File name)
☒ Provided below:

Comments received from the Resident Advisory Board mainly pertained to the physical improvements the AHA plans to undertake. All comments received showed favorable consideration to the proposed improvements as well as the overall PHA Plans.

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

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:
☐ Other: (list below)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

The resident which currently serves on the Board of Commissioners of the AHA was appointed by the Mayor of Athens, Tennessee.

3. Description of Resident Election Process **Not Applicable**

a. Nomination of candidates for place on the ballot: (select all that apply)
- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)
- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)
- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

C. 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 Tennessee, Tennessee Housing Development Agency

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 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.

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

"19. Definition of Substantial Deviation" and "Significant Amendment or Modification" [903.7(r)]:

The AHA and HUD will consider the following actions to be significant amendments or modifications:

- changes to rent or admission policies or organization of waiting list;
- additions of non-emergency work items (items not included in the current Annual Statement or Five Year Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

Attachment A
"Deconcentration Policy"

1. Objective: The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than 40 percent of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also, the housing authority will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the housing authority does not concentrate families with higher income levels, it is the goal of the housing authority not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The housing authority will track the status of family income, by development.

2. Actions: To accomplish the deconcentration goals, the housing authority will take the following actions:

   A. At the beginning of each housing authority fiscal year, the housing authority will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous housing authority fiscal year.

   B. To accomplish the goals of:
      1) Housing not less than 40% of its public housing inventory on an annual basis with families that have incomes at or below 30% of area median income, and
      2) Not housing families with incomes that exceed 30% of the area median income in developments that have 60% or more of the total household living in the development with incomes that exceed 30% of the area median income. The housing authority's Tenant Selection and Assignment Plan, which is a part of this policy, provides for skipping families on the waiting list to accomplish these goals. These guidelines may be waived when necessary to achieve or maintain full occupancy.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment B
"Component 10 (B) Voluntary Conversion Initial Assessments"

a. How many of the PHA's developments are subject to the Required Initial Assessment? **Nine (9)**

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)? **One (1) and portion of Three (3)**

c. How many Assessments were conducted for the PHA's covered developments? **Eight (8)**

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

Development Name	**Number of Units**
None	

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment C
"Implementation of Public Housing Resident Community Service Requirements"

A. GENERAL

The Quality Housing and Work Responsibility Act of 1998 states "each adult resident of public housing must contribute 8 hours of community service per month to the community in which the family resides." The Housing Authority must monitor the family's compliance annually and if the family fails to comply the Housing Authority must not renew the lease unless the family and the Housing Authority enter into an agreement to bring the resident(s) current with owed hours.

B. EXEMPTIONS

The following adult members are exempt from this requirement

1. Family members who are 62 or older.
2. Family members who are blind or disabled.
3. Family members who are the primary care giver for someone who is blind or disabled.
4. Family members engaged in work activity.
5. Family members who are exempt from work activity under Part A title IV of the Social Security Act or under other State Welfare program including the welfare to work program.
6. Family members receiving assistance under a state program funded under Part A title IV of the Social Security Act or under any other State Welfare program including welfare to work and who are in compliance with that program.

C. NOTIFICATION OF THE REQUIREMENT

The Housing Authority shall identify all adult members who are apparently not exempt from the community service requirement.

The Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 10/01/00. For families paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

D. VOLUNTEER OPPORTUNITIES

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, and education. English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

Political activities are not eligible service.

E. THE PROCESS

At the first annual reexamination on or after October 1, 2000 and each annual reexamination thereafter, the Housing Authority will do the following:

1. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

2. Assign family members to a volunteer coordinator if requested who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family members as needed to best encourage compliance.

3. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

F. NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

The Housing Authority will notify any family found to be in non-compliance of the following:

1. The family member(s) has been determined to be in non-compliance;
2. That the determination is subject to the grievance procedure; and
3. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

G. OPPORTUNITY FOR CURE

The Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Housing Authority shall take action to terminate the lease.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment D
"Pet Policy"

1. Purpose

In compliance with Section 526 of the Quality Housing and Work Responsibility Act of 1998, the Athens Housing Authority will permit residents to own and keep common household pets in their apartment. This policy sets forth the conditions and guidelines under which pets will be permitted. This policy is to be adhered to at all times.

The purpose of the policy is to ensure that pet ownership will not be injurious to persons or property, or violate the rights of all residents to clean, quiet and safe surroundings.

Household Pets are restricted to:

Birds: Including canary, parakeet, finch, and other species that are normally kept caged; birds of prey are not permitted.

Fish: Tanks or aquariums are not to exceed 20 gallons in capacity. Poisonous or dangerous fish are not permitted. Only one (1) tank or aquarium is permitted per apartment.

Dogs: Not to exceed twenty (20) pounds at time of maturity. All dogs must be neutered or spayed. Dog breeds including Rottweilers, Pinschers and Pit Bulls are not permitted.

Cats: All cats must be neutered or spayed.

Exotic/unconventional pets such as snakes, reptiles, monkeys, rodents, etc. are not allowed.

2. Registration

Every pet must be registered with the Athens Housing Authority's management prior to moving the pet into the unit and updated annually thereafter. Registration requires the following:

a. A certificate signed by a licensed veterinarian, or a state or local authority empowered to inoculate animals (or designated agent of such authority), stating that the animal has received all inoculations required by the state and local law, if applicable (dogs, cats).
b. Proof of current license, if applicable (dogs, cats).
c. Identification tag bearing the owner's name, address and phone number (dogs, cats).
d. Proof of neutering/spaying, if applicable (dogs, cats).
e. Photograph (no smaller than 3 x 5) of pet or aquarium.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

f. The name, address and phone number of a responsible party that will care for the pet if the owner becomes temporarily incapacitated.

g. Fish – size of tank or aquarium must be registered.

3. Licenses and Tags

Every dog and cat must wear the appropriate local animal license, a valid rabies tag and a tag bearing the owner's name, address and phone number. All licenses and tags must be current.

4. Density of Pets

Only one (1) pet per household will be allowed per apartment. Only two (2) birds will be allowed per apartment. The Athens Housing Authority only will give final approval on type and density of pets.

5. Visitors and Guests

No visitor or guest will be allowed to bring pets on the premises at anytime. Residents will not be allowed to pet sit, harbor or house a pet without fully complying with this policy.

Feeding or caring for stray animals is prohibited and will be considered keeping a pet without permission.

6. Pet Restraints

a. All dogs must be on a leash when not in the owner's apartment. The leash must be not longer than three (3) feet.

b. Cats must be in a caged container or on a leash when taken out of the owner's apartment.

c. Birds must be in a cage when inside of the resident's apartment or entering or leaving the building.

7. Liability

Residents owning pets shall be liable for the entire amount of all damages to the Athens Housing Authority premises caused by their pet and all cleaning, defleaing and deodorizing required because of such pet. Pet owners shall be strictly liable for the entire amount of any injury to the person or property of other residents, staff or visitors of the Athens Housing Authority caused by their pet, and shall indemnify the Athens Housing Authority for all costs of litigation and attorney's fees resulting from such damage. Pet liability insurance can be obtained through most insurance agents and companies.

8. Sanitary Standards and Waste Disposal

a. Litter boxes must provide for cats with use of odor-reducing chemicals.

b. Fur-bearing pets must be flea free. Should flea extermination become necessary, cost of such extermination will be charged to pet owner.

c. In accordance with city law, pet owners are responsible for immediate removal of the feces of their pet and shall be charged in instances of

removal of pet feces by staff and where damages occur to Authority property due to pet. More than three (3) such charges during a twelve-month period may be cause for pet removal.

(i). All pet waste must be placed in a plastic bag and tied securely to reduce odor and placed in designated garbage container and/or trash compactor.

(ii). Residents with litter boxes must clean them regularly. Noncompliance may result in removal of the pet. The Athens Housing Authority reserves the right to impose a mandatory twice a week litter box cleaning, depending on need. Litter box garbage shall be placed in a plastic bag and deposited outside the building in the garbage and/or trash compactor.

d. All apartments with pets must be kept free of pet odors and maintained in a clean and sanitary manner. A housekeeping inspection shall be conducted after 30 days of pet moving into the household. If the household fails the housekeeping inspection, which constitutes a failure to care for the pet in an appropriate manner; a notice of violation will be issued and the household will have 7 days to correct the deficiencies. Pet owner's apartments may be subject to additional inspections.

9. General Rules

The resident agrees to comply with the following rules imposed by the Athens Housing Authority:

a. No pet shall be tied up anywhere on Authority property and left unattended for any amount of time.

b. Pet owners will be required to make arrangements for their pets in the event of vacation or hospitalization.

c. Doghouses are not allowed on Authority property.

d. It shall be unlawful for any person to own, keep or harbor any dog/cat more than three (3) months old which has not been vaccinated against rabies as set forth in Tennessee Code Annotated, 68-8-107 and 68-8-108 and as required in this section. Only a vaccine that meets the standards prescribed by the U.S. Department of Agriculture for interstate sale shall be used. It shall be the duty of every owner to have his dog or cat vaccinated against rabies after the dog reaches three months of age, the cat six months of age. Regardless of the type of licensed vaccine used or the age of the animal at the time of the first (primary) vaccination, the animal shall be vaccinated one year later. Following the first two vaccinations, booster vaccinations will be due at either one or three years intervals in accordance with the approved duration of immunity of the specific vaccine used and the species vaccinated.

The veterinarian making the vaccination shall collect his fees for the same owner of the dog/cat, shall issue a vaccination tag, and shall sign

and issue certification bearing the owner's name and address, number of vaccination tag issued, date of vaccination, date the dog/cat should be re-vaccinated, description and sex of the dog/cat vaccinated, the type and lot of vaccine administered. The certificate shall be prepared in triplicate, the original shall be given to the owner, first copy filed in the office of the local health department, and the second copy retained by the person administering the vaccine. The certificate form shall be the same as prepared and distributed by the department of public health.

e. All persons must report bite cases. It shall be the duty of all citizens, including doctors and veterinarians, to report to the animal control officer the names and addresses of persons treated for bites inflected by animals, together with all information helpful in locating animal, which inflicted said bite.

f. Female animals in heat are to be confined. Every owner of a female animal, which has not been sterilized, is required to confine the animal for a period of twenty-one (21) days during the period she is in heat.

10. Pet Areas

a. Restrictions: At no time will pets be allowed in any public area such as community space, laundry rooms, sitting rooms, etc.

b. Approved Areas: Pets shall only be allowed to be exercised in areas clearly marked by the Athens Housing Authority for pet use.

11. Pet Rule Violation and Pet Removal

a. If it is determined on the basis of objective facts, supported by written statement, that a pet owner has neglected to appropriately care for a pet and has violated a rule governing the pet policy, the Athens Housing Authority shall serve a notice of pet rule violation on the pet owner. Serious or repeated violations may result in pet removal or termination of the pet owner's tenancy, or both.

b. If a pet poses a nuisance such as excessive noise, barking, odor, or whining, which disrupts the peace or quality of life of other residents, owner will permanently remove the pet from premises upon request of management within forty-eight (48) hours. Nuisance complaints regarding pets are subject to immediate inspections.

c. If a pet owner becomes unable either through absence, hospitalization or illness to care for the pet and the person so designated to care for the pet in the pet owner's absence refuses or is unable physically to care for the pet. Animal control will be called to remove the pet. The Authority accepts no responsibility for pets so removed.

12. Rule Enforcement

Violation of these pet rules will prompt a written notice of violation. The pet owner will have seven (7) days to correct the violation.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

13. Damage Deposit

A "Pet Damage Deposit" will be required for all pets. The "Pet Damage Deposit" must be paid in advance and is to be used to pay reasonable expenses directly attributable to the presence of the pet in the development including (but not limited to) the cost of repairs and replacements to, and fumigation of, the resident's dwelling unit. The amount of the "Pet Damage Deposit" will be $100.00.

14. Exceptions

a. Service Animals: This policy does not apply to service animals that are used to assist persons with disabilities. This exclusion applies to service animals that reside in the development, as well as service animals used to assist persons with disabilities that visit the development. Pets used for the purpose of aiding residents with disabilities must have appropriate certification. The Athens Housing Authority shall maintain a list of agencies that provide and/or train animals to give assistance to individuals with disabilities.

b. K-9 Service Animals: Police officers, under the public housing police officer program, who move in with K-9 service animals are exempt from the policy. Only the K-9 animal is exempt; family pets shall not be exempt.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment E
"Statement of Progress in Meeting the 5-Year Plan Mission and Goals"

Goal – Increase customer satisfaction: The Athens Housing Authority (AHA) is attempting to keep residents better informed of AHA policies and programs as well as overall Authority information through their newsletters and through quarterly meetings with the Resident Advisory Board members.

Goal – Renovate or modernize public housing units: The AHA has continually upgraded its public housing through the Comprehensive Grant Program and the Capital Funds Program. All modernization activities are addressed in accordance with need as well as residents' requests in all developments.

Goal – Implement public housing security improvements: The Athens Housing Authority in cooperation with the City of Athens Police Department has a Community Oriented Policing Services Program. This program provides supplemental police and security services for all Authority developments in addition too educational and community service activities.

Goal – Provide or attract supportive services to improve assistance recipients' employability: The AHA offers and provides a variety of services and programs to their residents to achieve self-sufficiency and improve assistance recipients' employability. These services and programs include Evenstart, an After School Program, the Families First Program, Adult Basic Education, and various services offered through United Way.

Goal – Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: The AHA continues to operate its public housing program to ensure equal access to all regardless of race, color, religion, national origin, sex, familial status, and disability.

Goal – Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability: The AHA's operations and management, inspections, maintenance, and modernization programs are spread equally among all developments.

Goal – Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: The AHA provides accessible units where needed by our residents. To date, the AHA has more resources than necessary to meet the current needs.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Goal - Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments: The AHA will incorporate, when applicable, Energy Star Program qualified products and practices when performing rehabilitation, repair and replacement in their public housing developments.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment F
"Resident Membership on Governing Board"

As required by the QHWRA through regulations published in the October 21, 1999 Federal Register, the AHA currently has a resident serving on the Board of Commissioners. The resident was appointed by the Mayor of Athens, Tennessee and is identified as Mr. James McCue, 179 Westwood Heights, Athens, Tennessee 37303. Mr. McCue was reappointed to the Board of Commissioners in March, 2004 for a five year term which expires March, 2009.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment G
"Membership of the Resident Advisory Board"

James McCue	179 Westwood Heights	Athens, Tennessee 37303
Daisy Smith	515 Puett Apartments	Athens, Tennessee 37303
Hazel Watson	504 Puett Apartments	Athens, Tennessee 37303
Katherine Hardy	502 Puett Apartments	Athens, Tennessee 37303
John Glass	151 Westwood Heights	Athens, Tennessee 37303

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment H
"Resident Survey Action Plan"

Appearance (70%)

The Athens Housing Authority has and will continue to appropriate Capital Funds for performing various improvements to enhance the neighborhood appearance of their developments. Such improvements include landscaping, roofing, replacing windows, replacing exterior doors, gutter replacement and exterior painting.

Safety (80%)

In an effort to alleviate the safety concerns of the residents, the Athens Housing Authority, in cooperation with the Athens Police Department, has implemented a Community Oriented Policing Program. This program provides supplemental police and security services for the Authority in addition too educational and community service activities.

Communications (80%)

The Athens Housing Authority currently has a newsletter which is distributed to all AHA residents. The newsletter informs the residents of upcoming programs and events as well as overall Authority information. Additionally, the AHA holds quarterly meetings with Resident Advisory Board members to further the communication efforts with the residents.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Athens Housing Authority	Capital Fund Program Grant No: **TN37P01550107** Replacement Housing Factor Grant No:	**2007**

☒ **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	0			
2	1406 Operations	60,000			
3	1408 Management Improvements	35,000			
4	1410 Administration	4,100			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	32,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	510,428			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collaterization or Debt Service	0			
20	1502 Contingency	55,000			
21	Amount of Annual Grant: (sum of lines 2 – 20)	696,528			
22	Amount of line 21 Related to LBP Activities	0			

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Athens Housing Authority	Capital Fund Program Grant No: **TN37P01550107** Replacement Housing Factor Grant No:	**2007**

☒ **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
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: **Athens Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P01550107** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2007**		
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	
TN015-003	Bathroom Renovations	1460	18 units	21,360				
Ester Bloom								
TN015-004	Handicap Renovations	1460	Dev-wide	56,360				
Hillcrest								
TN015-006	Attic Fans	1460	50 units	34,650				
Ross Arrants	Electrical	1460	50 units	106,968				
	Heat System	1460	50 units	36,855				
	Exterior/Screen Doors	1460	50 units	78,750				
TN015-007	Bathroom Renovations	1460	62 units	43,050				
Forrest Hills								
TN015-009	Water Heaters	1460	20 units	11,550				
Ridgeview								
TN015-010	Exterior/Screen Doors/Window Screens	1460	34 units	54,735				
Pruett								

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

PHA Name: **Athens Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P01550107** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2007**		
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	
PHA-WIDE	Operating Expense	1406	1	60,000				
Operations								
PHA-WIDE	Police and Security	1408	1	35,000				
Management								
Improvements								
PHA-WIDE	Advertising	1410	1	500				
Administration	Employee Benefits	1410	1	3,600				
PHA-WIDE	Clerk-of-the-Works	1430	1	12,000				
Fees and Costs	A/E Fees	1430	1	20,000				
PHA-WIDE	GFI	1460	PHA-wide	66,150				
Dwelling								
Structures								
PHA-WIDE	Contingency	1502	1	55,000				
Contingency								

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

PHA Name: **Athens Housing Authority**	**Grant Type and Number** Capital Fund Program No: **TN37P01550107** Replacement Housing Factor No:	**Federal FY of Grant:** **2007**

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	
TN015-003	09/30/09			09/30/10			
Ester Bloom							
TN015-004	09/30/09			09/30/10			
Hillcrest							
TN015-006	09/30/09			09/30/10			
Ross Arrants							
TN015-007	09/30/09			09/30/10			
Forrest Hills							
TN015-009	09/30/09			09/30/10			
Ridgeview							
TN015-010	09/30/09			09/30/10			
Puett							
PHA-WIDE	09/30/09			09/30/10			
Operations							
PHA-WIDE	09/30/09			09/30/10			
Management							
Improvements							

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

PHA Name: **Athens Housing Authority**	**Grant Type and Number** Capital Fund Program No: **TN37P01550107** Replacement Housing Factor No:	**Federal FY of Grant:** **2007**

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	
PHA-WIDE	09/30/09			09/30/10			
Administration							
PHA-WIDE	09/30/09			09/30/10			
Fees and Costs							
PHA-WIDE	09/30/09			09/30/10			
Dwelling Structures							
PHA-WIDE	09/30/09			09/30/10			
Contingency							

Capital Fund Program Five-Year Action Plan
Part I: Summary

PHA Name **Athens Housing Authority**				☒**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2008 PHA FY: 10/2008	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 10/2009	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 10/2010	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 10/2011
	Annual Statement				
TN015-001		0	0	0	0
TN015-002		0	0	0	0
TN015-003		0	0	0	0
TN015-004		419,245	0	0	92,000
TN015-005		0	315,750	0	22,000
TN015-006		0	194,678	94,200	20,000
TN015-007		0	0	416,228	0
TN015-009		0	0	0	205,394
TN015-010		86,183	0	0	171,034
PHA-WIDE		191,100	186,100	186,100	186,100
Total CFP Funds		696,528	696,528	696,528	696,528
Total Replacement Housing Factor Funds		0	0	0	0

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

Activities for Year 1	Activities for Year :__2__ FFY Grant: 2008 PHA FY: 10/2008			Activities for Year: __3_ FFY Grant: 2009 PHA FY: 10/2009		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	TN015-004	Bathroom Renovations	58,780	TN015-005	Kitchen Renovations	161,150
Annual	Hillcrest	Kitchen Renovations	240,180	Westwood	Interior Painting	71,500
Statement		Interior Painting	46,035	Heights	Bi-fold Dorrs	83,100
		Exterior/Screen Doors	74,250			
				TN015-006	Kitchen Renovations	143,594
	TN015-010	Flooring	59,380	Ross Arrants	Interior Painting	51,084
	Puett	Attic Fans	26,803			
				PHA-WIDE	Operating Expense	60,000
	PHA-WIDE	Operating Expense	60,000	Operations		
	Operations					
				PHA-WIDE	Police & Security	35,000
	PHA-WIDE	Police & Security	35,000	Management		
	Management			Improvements		
	Improvements					
				PHA-WIDE	Advertising	500
	PHA-WIDE	Advertising	500	Administration	Employee Benefits	3,600
	Administration	Employee Benefits	3,600			
				PHA-WIDE	Clerk-of-the-Works	12,000
	PHA-WIDE	Clerk-of-the-Works	12,000	Fees and Costs	A/E Fees	20,000
	Fees and Costs	A/E Fees	20,000			
		Energy Audit	5,000	PHA-WIDE	Contingency	55,000
				Contingency		
	PHA-WIDE	Contingency	55,000			
	Contingency					

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

Activities for Year 1	Activities for Year: __2__ FFY Grant: 2008 PHA FY: 10/2008			Activities for Year: __3_ FFY Grant: 2009 PHA FY: 10/2009		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See						
Annual						
Statement						
Total CFP Estimated Cost			$696,528			$696,528

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

Activities for Year: __4_ FFY Grant: 2010 PHA FY: 10/2010			Activities for Year: _5_ FFY Grant: 2011 PHA FY: 10/2011		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
TN015-006	Bathroom Renovations	57,200	TN015-004	Roofing	92,000
Ross Arrants	Ranges	15,000	Hillcrest		
	Refrigerators	22,000			
			TN015-005	Air Conditioners	22,000
TN015-007	Floor Tile	178,918	Westwood		
Forrest Hills	Air Conditioners	76,854	Heights		
	Electrical	160,456			
			TN015-006	Air Conditioners	20,000
PHA-WIDE	Operating Expense	60,000	Ross Arrants		
Operations					
			TN015-009	Kitchen Renovations	77,000
PHA-WIDE	Police & Security	35,000	Ridgeview	Interior Painting	21,624
Management				Heat System	25,300
Improvements				Attic Fans	20,400
				Electrical	53,670
PHA-WIDE	Advertising	500		Air Conditioners	7,400
Administration	Employee Benefits	3,600			
			TN015-010	HVAC	71,644
PHA-WIDE	Clerk-of-the-Works	12,000	Puett	Bathroom Renovations	72,190
Fees and Costs	A/E Fees	20,000		Ranges	11,900
				Refrigerators	15,300
PHA-WIDE	Contingency	55,000			
Contingency			PHA-WIDE	Operating Expense	60,000
			Operations		

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

Activities for Year: __4__ FFY Grant: 2010 PHA FY: 10/2010			Activities for Year: __5_ FFY Grant: 2011 PHA FY: 10/2011		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
			PHA-WIDE	Police & Security	35,000
			Management		
			Improvements		
			PHA-WIDE	Advertising	500
			Administration	Employee Benefits	3,600
			PHA-WIDE	Clerk-of-the-Works	12,000
			Fees and Costs	A/E Fees	20,000
			PHA-WIDE	Contingency	55,000
			Contingency		
Total CFP Estimated Cost		$696,528			$696,528

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Athens Housing Authority	Capital Fund Program Grant No: **TN37P01550106** Replacement Housing Factor Grant No:	**2006**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 03/31/07** ☐ **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	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements	33,000	30,000	30,000	7,478
4	1410 Administration	31,500	25,749	25,749	249
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	36,000	21,000	21,000	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	140,990	101,081	0	0
10	1460 Dwelling Structures	400,704	464,364	420,264	7,200
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collaterization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	642,194		497,013	14,927
22	Amount of line 21 Related to LBP Activities	0		0	0

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Athens Housing Authority	Capital Fund Program Grant No: **TN37P01550106** Replacement Housing Factor Grant No:	**2006**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 03/31/07** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	33,000	30,000	30,000	7,478
25	Amount of Line 21 Related to Security – Hard Costs	0		0	0
26	Amount of line 21 Related to Energy Conservation Measures	0		0	0

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

PHA Name: **Athens Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P01550106** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2006**		
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	
TN015-001	Sewer Lines	1450	Dev-wide	63,990	64,081	0	0	09/07
Clem Jones								
TN015-002	Sewer Lines	1450	Dev-wide	12,000		0	0	09/07
W.E. Nash								
TN015-003	Attic Fire Walls	1460	18 units	7,200	15,723	15,723	0	In Progress
Ester Bloom								
TN015-004	Handrails	1460	45 units	0	9,800	9,800	0	In Progress
Hillcrest	Attic Fire Walls	1460	45 units	18,000	39,307	39,307	0	In Progress
TN015-005	Attic Fire Walls	1460	55 units	22,000	48,041	48,041	0	In Progress
Westwood								
Heights								
TN015-006	Attic Fire Walls	1460	50 units	20,000	43,674	43,674	0	In Progress
Ross Arrants	Termite Treatment	1460	50 units	20,000	8,105	8,105	0	In Progress

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

PHA Name: **Athens Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P01550106** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2006**		
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	
TN015-007	Sewer Lines	1450	Dev-wide	30,000	0	0	0	Deleted
Forrest Hills	Step Repairs	1450	75 units	35,000	25,000	0	0	In Progress
	Attic Fans	1460	137 units	98,640	67,815	67,815	0	In Progress
	Attic Fire Walls	1460	137 units	54,800	119,667	119,667	0	In Progress
	Crawl Space Doors	1460	Dev-wide	30,000	0	0	0	Deleted
	Handicap Renovations	1460	Dev-wide	64,364	9,800	9,800	0	In Progress
	Termite Treatment	1460	Dev-wide	0	32,063	32,063	0	In Progress
TN015-009	Attic Fire Walls	1460	20 units	8,000	17,469	17,469	0	In Progress
Ridgeview								
TN015-010	Termite Treatment	1460	Dev-wide	13,600	8,800	8,800	7,200	In Progress
Pruett								
PHA-WIDE	Police and Security	1408	1	33,000	30,000	30,000	7,478	In Progress
Management								
Improvements								
PHA-WIDE	Advertising	1410	1	500	249	249	249	Completed
Administration	Modernization Coordinator	1410	1	20,000	16,500	16,500	0	In Progress
	Employee Benefits	1410	1	11,000	9,000	9,000	0	In Progress

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

PHA Name: **Athens Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: **TN37P01550106** Replacement Housing Factor Grant No:	**Federal FY of Grant: 2006**

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	
PHA-WIDE	Clerk-of-the-Works	1430	1	11,000	9,000	9,000	0	In Progress
Fees and Costs	A/E Fees	1430	1	25,000	12,000	12,000	0	In Progress
PHA-WIDE	Exterior Painting	1460	Dev-wide	44,100		0	0	09/07
Dwelling								
Structures								

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

PHA Name: **Athens Housing Authority**	**Grant Type and Number** Capital Fund Program No: **TN37P01550106** Replacement Housing Factor No:	**Federal FY of Grant:** **2006**

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	
TN015-001	07/17/08			07/17/10			
Clem Jones							
TN015-002	07/17/08			07/17/10			
W.E. Nash							
TN015-003	07/17/08			07/17/10			
Ester Bloom							
TN015-004	07/17/08			07/17/10			
Hillcrest							
TN015-005	07/17/08			07/17/10			
Westwood Heights							
TN015-006	07/17/08			07/17/10			
Ross Arrants							
TN015-007	07/17/08			07/17/10			
Forrest Hills							
TN015-009	07/17/08			07/17/10			
Ridgeview							

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

PHA Name: **Athens Housing Authority**	**Grant Type and Number** Capital Fund Program No: **TN37P01550106** Replacement Housing Factor No:	**Federal FY of Grant:** **2006**

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	
TN015-010	07/17/08			07/17/10			
Puett							
PHA-WIDE	07/17/08			07/17/10			
Management							
Improvements							
PHA-WIDE	07/17/08			07/17/10			
Administration							
PHA-WIDE	07/17/08			07/17/10			
Fees and Costs							
PHA-WIDE	07/17/08			07/17/10			
Dwelling Structures							

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Athens Housing Authority	Capital Fund Program Grant No: **TN37P01550105** Replacement Housing Factor Grant No:	**2005**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 03/31/07** ☐ **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	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements	30,000	39,123	39,123	39,123
4	1410 Administration	30,317	38,524	38,524	38,524
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	29,653	32,254	32,254	32,254
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	75,808	20,550	20,550	20,550
10	1460 Dwelling Structures	574,531	587,379	587,379	587,379
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collaterization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	740,309	717,830	717,830	717,830

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Athens Housing Authority	Capital Fund Program Grant No: **TN37P01550105** Replacement Housing Factor Grant No:	**2005**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 03/31/07** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0		0	0
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	30,000	39,123	39,123	39,123
25	Amount of Line 21 Related to Security – Hard Costs	0		0	0
26	Amount of line 21 Related to Energy Conservation Measures	0		0	0

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

PHA Name: **Athens Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P01550105** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2005**		
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	
TN015-001	Install Fencing	1450	Dev-wide	0		0	0	Deleted
Clem Jones	Roofing	1460	70 units	24,109		24,109	24,109	Completed
TN015-002	Resurface Parking Area	1450	Dev-wide	15,455	8,040	8,040	8,040	Completed
W.E. Nash								
TN015-003	Resurface Parking Area	1450	Dev-wide	4,125	12,510	12,510	12,510	Completed
Ester Bloom								
TN015-005	Repair Steps	1450	Dev-wide	56,228	0	0	0	Deleted
Westwood	Exterior Painting	1460	Dev-wide	0	28,016	28,016	28,016	Completed
Heights								
TN015-006	Flooring	1460	50 units	57,160	56,017	56,017	56,017	Completed
Ross Arrants	Exterior Painting	1460	Dev-wide	0	19,808	19,808	19,808	Completed
TN015-007	Kitchen Renovations	1460	75 units	185,087		185,087	185,087	Completed
Forrest Hills	Interior Painting	1460	137 units	117,315	101,309	101,309	101,309	Completed
	Crawl Space Doors	1460	Dev-wide	0	3,645	3,645	3,645	Completed
	Sewer Lines	1460	Dev-wide	0	17,040	17,040	17,040	Completed

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

PHA Name: **Athens Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: **TN37P01550105** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2005**		
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	
TN015-010	Kitchen Renovations	1460	34 units	96,084		96,084	96,084	Completed
Pruett	Bathroom Renovations	1460	8 units	18,700	0	0	0	Deleted
	Exterior Doors	1460	8 units	4,800	0	0	0	Deleted
	Interior Painting	1460	34 units	28,571	25,405	25,405	25,405	Completed
	Water Heaters	1460	34 units	30,859		30,859	30,859	Completed
	Flooring	1460	8 units	11,846	0	0	0	Deleted
PHA-WIDE	Police and Security	1408	1	30,000	39,123	39,123	39,123	Completed
Management								
Improvements								
PHA-WIDE	Advertising	1410	1	224		224	224	Completed
Administration	Modernization Coordinator	1410	1	19,373	24,217	24,217	24,217	Completed
	Employee Benefits	1410	1	10,720	14,083	14,083	14,083	Completed
PHA-WIDE	Clerk-of-the-Works	1430	1	10,403	13,004	13,004	13,004	Completed
Fees and Costs	A/E Fees	1430	1	19,250		19,250	19,250	Completed

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

PHA Name: **Athens Housing Authority**	**Grant Type and Number** Capital Fund Program No: **TN37P01550105** Replacement Housing Factor No:	**Federal FY of Grant:** **2005**

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	
TN015-001			03/31/07			03/31/07	
Clem Jones							
TN015-002			03/31/07			03/31/07	
W.E. Nash							
TN015-004			03/31/07			03/31/07	
Hillcrest							
TN015-005			03/31/07			03/31/07	
Westwood Heights							
TN015-006			03/31/07			03/31/07	
Ross Arrants							
TN015-007			03/31/07			03/31/07	
Forrest Hills							
TN015-010			03/31/07			03/31/07	
Puett							
PHA-WIDE			03/31/07			03/31/07	
Management							
Improvements							

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

PHA Name: **Athens Housing Authority**	**Grant Type and Number** Capital Fund Program No: **TN37P01550105** Replacement Housing Factor No:	**Federal FY of Grant:** **2005**

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	
PHA-WIDE			03/31/07			03/31/07	
Administration							
PHA-WIDE			03/31/07			03/31/07	
Fees and Costs							

Optional Public Housing Asset Management Table **Not Applicable**

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		**Activity Description**						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III *Component 7a*	Development Activities *Component 7b*	Demolition / disposition *Component 8*	Designated housing *Component 9*	Conversion *Component 10*	Home-ownership *Component 11a*	Other (describe) *Component 17*