PHA Plans

Streamlined Annual Version

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

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

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

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

Streamlined Annual PHA Plan for Fiscal Year: 2008

PHA Name: DECATUR HOUSING AUTHORITY DECATUR, ARKANSAS

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

Streamlined Annual PHA Plan
Agency Identification

PHA Name: DECATUR HOUSING AUTHORITY **PHA Number:** AR095

PHA Fiscal Year Beginning: 10/2008

PHA Programs Administered:

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

☐ **Section 8 Only**
Number of S8 units:

X **Public Housing Only**
Number of public housing units: 34

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

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

PHA Plan Contact Information:

Name: JACK FARMER
Phone: 479 752-3258
TDD: 479 752-3258
Email (if available): JDF21150@AOL.COM

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

X Phi's main administrative office ☐ Phi's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. X Yes ☐ No.
If yes, select all that apply:
X Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library ☐ PHA website ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)
X Main business office of the PHA ☐ PHA development management offices
☐ Other (list below)

Streamlined Annual PHA Plan
Fiscal Year 2008
[24 CFR Part 903.12©]

Table of Contents
[24 CFR 903.7®]

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

1502 **PHA PLAN COMPONENTS**

X 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
X 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
☐ 3. Section 8(y) Homeownership
903.7(k)(1)(I) Statement of Homeownership Programs
☐ 4. Project-Based Voucher Programs
X 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan. No Change
X 6. Supporting Documents Available for Review
x 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
X 8. Capital Fund Program 5-Year Action Plan

1502 **SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*: *Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the Phi's principal office;
For PHAs Applying for Formula Capital Fund Program (CFP) Grants:
Form HUD-50070, *Certification for a Drug-Free Workplace;*
Form HUD-50071, *Certification of Payments to Influence Federal Transactions*; and
Form SF-LLL &SF-LLLa, *Disclosure of Lobbying Activities*.

1502 Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12©, 903.7(b)(2)]

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

1502 Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year?**No** If yes, complete the following table; if not skip to B.

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

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

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

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

B. Site-Based Waiting Lists – Coming Year

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

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

1502 ☐ Yes No: Are any or all of the Phi'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?

1502 ☐ Yes No: May families be on more than one list simultaneously

If yes, how many lists?

1502 Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

PHA main administrative office
☐ All PHA development management offices
☐ Management offices at developments with site-based waiting lists
☐ At the development to which they would like to apply
☐ Other (list below)

1502 Capital Improvement Needs

[24 CFR Part 903.12 ©, 903.7 (g)]

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

1502 Capital Fund Program

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

2. ☐ Yes X No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

1502 HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

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

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

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

HOPE VI Revitalization Grant Status
1502 Development Name: b. Development Number:
c. Status of Grant: ☐ Revitalization Plan under development ☐ Revitalization Plan submitted, pending approval ☐ Revitalization Plan approved ☐ Activities pursuant to an approved Revitalization Plan underway

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

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

1502 ☐ Yes X No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

1502 Section 8 Tenant Based Assistance—Section 8(y) Homeownership Program

(if applicable) [24 CFR Part 903.12©, 903.7(k)(1)(I)]

1. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

1502 Program Description:

1502 Size of Program
☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

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

1502 PHA-established eligibility criteria

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

1502 What actions will the PHA undertake to implement the program this year (list)?

1502 Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.

☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

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

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

1502 <u>Use of the Project-Based Voucher Program</u>

Intent to Use Project-Based Assistance

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

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

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

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

1502 PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

1502 Consolidated Plan jurisdiction: STATE OF ARKANSAS

1502 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)

X The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

1502 The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

1502 Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans*;	5 Year and Annual Plans
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan*	Streamlined Annual Plans
X	*Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan*.	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the Phi's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the Phi's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. ☐ Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. ☐ Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
		Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types ☐ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☐ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. ☐ Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☐ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the Phi's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

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

PHA Name: DECATUR HOUSING AUTHORITY P O BOX 237 DECATUR, ARKANSAS 72722	Grant Type and Number Capital Fund Program Grant No: Ar37po9550104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000	20,000	20,000	20,000
3	1408 Management Improvements	4,000	4,000	4,000	4,000
4	1410 Administration	1,000	1,000	1,000	596.02
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000	5,000	5,000	3572.05
10	1460 Dwelling Structures	18626	18626	18626	18630.22
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	1,000	1,000	1,000	594.13
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	49,626	49,626	49,626	47,739.42
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: DECATUR HOUSING AUTHORITY P O BOX 237 DECATUR, ARKANSAS 72722	Grant Type and Number Capital Fund Program Grant No: Ar37po9550104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

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

PHA Name: DECATUR HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: ar37po9550104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		20,000		20,000	20,000	C
HA WIDE	MANAGEMENT IMPROV POLICY UPDATE, CONSULTANT FEE,UTIL STUDY	1408		4,000		4,000	4,000	C
HA WIDE	ADMIN	1410		1,000		1,000	596.02	C
SIDE A & B	SIDE WALK REPAIR	1450		5,000		5,000	3572.05	C
SITE A	CEILING FANS / KITCHEN LIGHTS	1460		3,000		3,000	3687.11	C
SITE A & B	STORM DOORS/ SCREENS	1460		6,000		6,000	6911.41	C
SITE A & B	SMOKE/CO DETECTORS	1460		2,000		2,000	1932.74	C
SITE A & B	FRONT/BACK DOOR REPLACMENT	1460		5,300		5,300	4,525.91	C
SITE A & B	GUTTER/DRAINAGE	1460		2,326		2,326	1,573.05	C
HA WIDE	TABLES/CHAIRS COMM BLD	1475		1,000		1,000	594.13	C

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

PHA Name: DECATUR HOUSING AUTHORITY P O BOX 237 DECATUR, ARKANSAS 72722	Grant Type and Number Capital Fund Program Grant No: Ar37po9550104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

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

PHA Name: DECATUR HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: 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	
HA WIDE	09/2005			09/2006			

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

PHA Name: DECATUR HOUSING AUTHORITY P O BOX 237 DECATUR, ARKANSAS 72722	Grant Type and Number Capital Fund Program Grant No: Ar37po9550104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

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

PHA Name: DECATUR HOUSING AUTHORITY P O BOX 237 DECATUR, ARKANSAS 72722	Grant Type and Number Capital Fund Program Grant No: AR37PO9550105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20,000		20,000	20,000
3	1408 Management Improvements	2,000		2,000	3,000
4	1410 Administration	1,000	1,427.85	1,427.85	1,427.85
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	11,633		11,633	13,739.82
10	1460 Dwelling Structures	9,000	8,000	8,000	1217
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	43,633		43,633	38,384.67
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: DECATUR HOUSING AUTHORITY P O BOX 237 DECATUR, ARKANSAS 72722	Grant Type and Number Capital Fund Program Grant No: AR37PO9550105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

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

PHA Name: DECATUR HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AR37P09550105 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	
HA WIDE	OPERATIONS	1406		20,000		20,000	20,000	C
HA WIDE	POLICY UPDATE, CFP 2002	1408		2,000		2,000	2,000	C
HA WIDE	AUDIT	1411						
HA WIDE	ADMIN	1410		1000		1000	1427.85	C
SITE A	SECURITY LIGHT	1450						
SITE A &B	REPAIR &REPLACE WINDOWS/GLASS,SCREENS	1460		6500		6500	6,753.35	C
SITE A& B	REPAIR REPLACE INTERIOR/EXTERIOR DOORS, WEATHERSTRIP	1460		5133		6133	6,986.47	C
SITE A & B	10 RANGES& 10REFRIGERATORS	1465		9000		8,000	1,217	C

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

PHA Name: DECATUR HOUSING AUTHORITY P O BOX 237 DECATUR, ARKANSAS 72722	Grant Type and Number Capital Fund Program Grant No: AR37PO9550105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

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

PHA Name: DECATUR HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: AR37PO9550105 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	
HA WIDE ALL ACTIVITES	9/30/2006			9/30/2006			

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po550106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
Performance and Evaluation Report for Period Ending: **X Final Performance and Evaluation Report 9/30/2006**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,913		40,913	40,913
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	40,913		40,913	40,913
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 9/30/2006
Part II: Supporting Pages

PHA Name: **DECATUR HOUSING AUTHORITY**		**Grant Type and Number** Capital Fund Program Grant No: AR37PO9550106 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	
HA WIDE	OPERATIONS	1406		40,913		40,913	40,913	C

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

PHA Name: DECATUR HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: AR37PO9550106 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	
HA WIDE	4TH QTR			4TH QTR			
ALL ACTIVITES	2007		09/30/2006	2008		09/30/2006	

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po550206 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1,209		1,209	1,209
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,209		1,209	1,209
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: **DECATUR HOUSING AUTHORITY**		**Grant Type and Number** Capital Fund Program Grant No: AR37PO9550206 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	
HA WIDE	OPERATIONS	1406		1,209		1,209	1,209	C

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

PHA Name: DECATUR HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: AR37PO9550206 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	
HA WIDE	4TH QTR			4TH QTR			
ALL ACTIVITES	2007		08/31/2007	2008		08/31/2007	

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po9550107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000		40,000	40,000
3	1408 Management Improvements	3,116		3,116	3,116
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	43,116		43,116	43,116
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po9550107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

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

PHA Name: **DECATUR HOUSING AUTHORITY**	Grant Type and Number Capital Fund Program Grant No: AR37PO9550107 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	
HA WIDE	OPERATIONS	1406		40,000			40,000	C
HA WIDE	MANAGEMENT IMPR	1408		3,116			3,116	C

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po9550107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended

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

PHA Name: DECATUR HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: AR37PO9550107 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	
HA WIDE	4TH QTR			4TH QTR		2ND QYR	
ALL ACTIVITES	2007			2008		2008	

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po9550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	35396			
3	1408 Management Improvements	6816			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	42,212			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard s				
26	Amount of line 21 Related to Energy Conservation				

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po9550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008

Original Annual Statement X 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

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

PHA Name: **DECATUR HOUSING AUTHORITY**	Grant Type and Number Capital Fund Program Grant No: AR37PO9550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		35,396				
HA Wide	Management Impr	1408		6,816				

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

PHA Name: Decatur Housing Authority P O Box 237 Decatur, Arkansas 72722	Grant Type and Number Capital Fund Program Grant No: AR37po9550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008

Original Annual Statement X 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

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

PHA Name: DECATUR HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: AR37PO9550108 Replacement Housing Factor No:	**Federal FY of Grant:** 2008

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA WIDE	4TH QTR			4TH QTR			
ALL ACTIVITES	2008			2009			

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

PHA: Decatur Housing Authority				**Original 5-Year Plan** **X Revision No: 1**	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year2 FFY Grant:2007 PHA FY: 10/07	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 10/08	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 10/09	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 10/10
	Annual Statement				
AR37 095		40,000	42,212	40,000	40,000
CFP Funds Listed for 5-year planning		40,000	42,212	40,000	40,000
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year: 03 FFY Grant: 2007 PHA FY: 10/07			Activities for Year: 04 FFY Grant: 2008 PHA FY: 10/08		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	Ar 37095	operations	20000	*Ar37095*	operations	35,396
Annual	HA wide	Computer software	2,000	HA wide	Policies updates	6,816
Statement		Admin	1000	HA wide		
	HA wide			HA wide		
	Site a & b	Doors ext/int	17,000	Site B		
				Site A		
Total CFP Estimated Cost			$40,000			$42,212

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

Activities for Year 1	Activities for Year:09 FFY Grant: 09 PHA FY: 10/09			Activities for Year: _10__ FFY Grant: 10 PHA FY: 10/10		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	Ar37095	operations	20000	*Ar37095*	***operations***	20,000
Annual	Ha wide	admin	1000	Ha wide	***admin***	1000
Statement						
	Site a& b	Window repair/replace	19,000	Site a & b	Window/doors Repair/replace	19,000
Total CFP Estimated Cost			$40,000			$40,000

Required Attachment _I___: Resident Member on the PHA Governing Board

1. X Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Lester Setser and Ann Knox

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

☐ Elected

X Appointed

C. The term of appointment is (include the date term expires): 03/14/2005-01/01/2010, 03/01/2005-01/01/2009

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

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: 11/2008

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

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

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

STEVEN HALL	600 D
Kathy Calge	570 E
ANNA KNOX	570 E
Lester Setser	720 b

ATTACHMENT (K)
Meeting at Community Building:

RAB Comments:

1. Remove existing wall heaters that are making noise and replace with central Heat And Air Conditioning.

2. Fund Housing Authority Operations

Housing Authority Comments:

The Housing Authority agreed that the existing wall heaters needed to be replaced.
Will include in capital fund when funds are available

The Housing Authority will place funds into Operations to keep current operations.

Attachment (L)

Component 10 (B) Voluntary Conversion Initial Assessments

A) How many of the PHA's developments are subject to the Required Initial Assessments? 1
B) How many of the PHA's developments are not subject to the Required Initial Assessments Based on exemptions (e.g. elderly and/or disabled developments not general occupancy projects? None
C) How many Assessments were conducted for the PHA's covered developments? 1
D) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: none
E) If the PHA has not completed the Required Initial Assessments, describe the status of these Assessments: Initial Assessment Completed

This information must be provided as a required attachment to the PHA Plan template.

Attachment (M)

Certification Procedure: Housing Authority of the City of Decatur, Arkansas

As required by 24 CFR part 972-Conversion of Public Housing to Tenant-Based Assistance, We have:

1. Reviewed each development operations as public housing
2. Considered the implications of converting the public housing to tenant based assistance; and
3. Concluded that the conversion of the development may be:

- Inappropriate because removal of the development would not meet the necessary conditions for Voluntary conversion.

Necessary Conditions for Voluntary Conversion:

- Not be more expensive than continuing to operate the development as public housing:
- Principally benefit the residents of the public housing development to the convert and the Communtiy:
- And, Not adversely affect the avalibility of affordable housing in the community.

Development Number	Development Name	Development Exempted?	Exemption Reason	Conversions Appropriate?
Ar095-001	Decatur Housing	No	N/A	No

The Decatur Housing Authority has 34 Dwelling Units.

Ar095-001 14 Elderly Units 20 Family Units

The 14 Elderly Units are exempted from the Assessment.
There are only 20 Family Units that are to be Assessed.

These family units have been reviewed as being operated as public housing versus tenant based assistance.
The Decatur Housing Authority certifies it has reviewed the developments operation s as pubic housing and considered the implications of converting the public housing to tenant based assistance. The Decatur Housing Authority has concluded that conversion of this development AR37095-001 would be inappropriate. It would benefit the residents and the community more by continuing to operate as public housing.

_____

Jack Farmer, Executive Director