

# PHA Plans

## Streamlined 5-Year/Annual Version

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

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

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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 to certain 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.

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## Streamlined 5-Year Plan for Fiscal Years 2005 - 2009

## Streamlined Annual Plan for Fiscal Year 2009

# BROOKHAVEN HOUSING AUTHORITY

**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. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.**

**Streamlined Annual PHA Plan**  
**PHA Fiscal Year 2009**  
[24 CFR Part 903.12(b)]

**Table of Contents**

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

**A. ANNUAL STREAMLINED PHA PLAN COMPONENTS**

**Attachment "A" MS060A01**

Civil Rights Certifications (included with PHA Certifications of Compliance) and Significant Amendment

**Attachment "B" MS060B01**

Violence Against Women Act

**Attachment "C" MS060C01**

Resident Advisory Board and Comments

**Attachment "D" MS060D01**

Capital Fund Program Original Annual Statement FY2009

**Attachment "E" MS060E01**

Stimulus Original Annual Statement FY2009

**Attachment "F" MS060F01**

P&E Statements for CFP FY 2006

**Attachment "G" MS060G01**

P&E Statements for CFP FY 2007

**Attachment "H" MS060H01**

P&E Statements for CFP FY 2008

**Attachment "I" MS060I01**

CFP Five Year Action Plan

**MS060V01**

PHA 5 Year and Annual Plan

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Brookhaven Housing Authority</u> PHA Code: <u>MS26P060</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>329</u> Number of HCV units: _____				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH      HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> 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 for the next five years:  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.				

5.2

**Goals and Objectives.** Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

**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 73 and MASS score 25) **Improve to high performance level.**
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction: **The Housing Authority will continue to inform residents of policies, procedures, rules and regulations to improve public relation and resident satisfaction.**
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units: **With the use of Capital Fund Program funds, the PHA will continue ongoing efforts to improve the livability, security, energy efficiency and preserve the physical integrity of the structures.**
  - 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: **The Housing Authority will continue to employ law enforcement and private security to eliminate drugs and crimes and screen all public housing applicants.**
  - 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: **Increase the number of employed residents or family members.**
  - Provide or attract supportive services to improve assistance recipients’ employability: **Provide residents with community service programs to allow residents to become and remain employed or return to school.**
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Provide services for the elderly/families through senior services programs.**
  - 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: **The PHA will continue to undertake affirmative equal access for all applicants which is reinforced in the Admissions and Continued Occupancy Plan.**
  - 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: **The PHA is currently and will continue to make handicapped modifications based on individual need, which exceed 504 requirements.**
- Other: (list below)

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Brookhaven Housing Authority 501 Brookman Drive Brookhaven, MS 39601</p>																		
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>Demolition and Disposition</b> [24 CFR Part 903.7 9 (h)] Applicability of component 8: Section 8 only PHAs are not required to complete this section.</p> <p>1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)</p> <p>2. Activity Description</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: Has the PHA provided the activities description information in the <b>optional</b> Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)</p> <p><b>No Activity</b></p> <table border="1" data-bbox="240 680 1414 1108"> <thead> <tr> <th colspan="2">Demolition/Disposition Activity Description</th> </tr> </thead> <tbody> <tr> <td>1a. Development name:</td> <td>Carver Heights</td> </tr> <tr> <td>1b. Development (project) number:</td> <td>MS26P060-001</td> </tr> <tr> <td>2. Activity type:</td> <td>Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/></td> </tr> <tr> <td>3. Application status (select one)</td> <td>Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/></td> </tr> <tr> <td>4. Date application approved, submitted, or planned for submission:</td> <td>(05/01/09)</td> </tr> <tr> <td>5. Number of units affected:</td> <td>100</td> </tr> <tr> <td>6. Coverage of action (select one)</td> <td><input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development</td> </tr> <tr> <td>7. Timeline for activity:</td> <td>a. Actual or projected start date of activity: 01/01/2010 b. Projected end date of activity: 06/30/2010</td> </tr> </tbody> </table>	Demolition/Disposition Activity Description		1a. Development name:	Carver Heights	1b. Development (project) number:	MS26P060-001	2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>	4. Date application approved, submitted, or planned for submission:	(05/01/09)	5. Number of units affected:	100	6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development	7. Timeline for activity:	a. Actual or projected start date of activity: 01/01/2010 b. Projected end date of activity: 06/30/2010
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8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>																		
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>																		
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>																		
8.3	<p><b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>																		
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>																		
9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>																		

<b>10.0</b>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <ol style="list-style-type: none"> <li>1. The PHA established the goal to reduce vacancies by 2% annually. This goal has been met.</li> <li>2. The PHA has established the goal to increase the supply of housing, if there is a proven need. Currently the housing need is being satisfied with the existing inventory, however, this situation will be monitored closely by the PHA in accordance with future trends for additional housing needs.</li> <li>3. The PHA established the goal of having units compatible with private market rentals. With the use of Capital Fund the PHA is on schedule meeting this goal.</li> <li>4. The PHA established a goal to increase the average income of residents 2% annually. Over the past year, we have exceeded this goal.</li> <li>5. The PHA established the goal to provide security efforts. The PHA is meeting the requirements of this goal.</li> <li>6. The PHA established the goal to provide services for elderly families through senior services. The PHA is meeting this goal.</li> <li>7. The PHA established the goal to continue the policy to assure affirmative equal access for all applicants. The PHA is meeting this goal.</li> <li>8. The PHA established the goal to make handicapped modifications to units exceeding 504 requirements based on individual need. The PHA is meeting this goal.</li> </ol> <p>We continue to inspect all housing units annually. We have prioritized our needs for CFP monies. We have tested apartments for LBP and asbestos. We are continuing to upgrade the facilities and the dwelling units.</p> <p>We have counseled various residents on homeownership and pledged our support if they choose to pursue homeownership. We do not believe it is feasible at this time to convert any of our rental units to homeownership.</p> <p>Improving the physical condition of the units and grounds is a constant process. We will upgrade all component major systems.</p> <p>The PHA continues to work closely with the city and county law enforcement agencies and obtains arrest information on any tenant for necessary appropriate action. Management and maintenance attend training seminars to improve related skills. PHA assesses and changes/updates policies as needed.</p>
	<p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>

<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ol>
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## ATTACHMENT “A”

### **Civil Rights Certifications**

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. It is the policy of the Housing Authority to comply with all Federal, State, and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The Housing Authority will comply with all laws relating to Civil Rights, including: Title VI and VIII of the Civil Rights Act, Executive Order 11063, Section 504, Age Discrimination Act and American With Disabilities Act.

To further our commitment to fully comply with applicable Civil Rights laws, the Housing Authority will provide Federal/State/Local information to public housing residents regarding “discrimination” and any recourse available to them during resident orientation session, resident meetings and reexaminations.

### **Criteria for Substantial Deviations and Significant Amendments**

#### **(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

The Housing Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.

#### **B. Significant Amendment or Modification to the Annual Plan**

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;

- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

## **ATTACHMENT "B"**

### **BROOKHAVEN HOUSING AUTHORITY POLICY ON VIOLATION AGAINST WOMEN (VAWA) AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

The VAWA prohibits the Brookhaven Housing Authority (BHA) to evict or remove assistance from certain persons (including members of the victim's immediate family) living in the BHA developments if the asserted grounds for such action is:

- An instance of domestic violence;
- Dating violence;
- Sexual assault; or
- Stalking

These terms are defined in Section 3 of the United States Housing Action of 1937, and amended by the VAWA in Section 42 of U.S.C. 10329.

The BHA's five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the BHA that are intended to support and/or assist victims of domestic violence described above.

The BHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the BHA that the incident or incidents of abuse are bona fide

The BHA will accept certification from alleged victims in verifying this claim by a BHA resident.

The VAWA provides "criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant's family is the victim or threatened victim of that abuse." VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the BHA's authority to terminate the tenancy of any tenant if the BHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant's control and a tenant or immediate family member of the tenant's family claims that she or he is the victim of

such actions and that the actions are related to domestic violence, dating violence, or stalking, the BHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

- A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.
  
- One of the following:
  - A police or court record documenting the actual or threatened abuse
  
  - A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the BHA within fourteen (14) business days after the individual claiming victim status receives a request for such certification. The BHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The BHA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the BHA's discretion. If the individual does not provide the required certification and supporting documentation within fourteen (14) business days, or the approved extension period, the BHA may proceed with assistance termination.

The BHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the BHA deems the victim's life to be in imminent danger.

In extreme circumstances when the BHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the BHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

The BHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the BHA that the incident or incidents of abuse are bona fide

All information provided to the BHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

## **Required Attachment “C”: 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.)

Camilla Abraham  
100 Fred Walley Dr.  
6A Oakview Apartments  
Brookhaven, MS 39601  
601-748-1490

Hazel Franklin  
115 E. Chippewa St.  
#21 Brookwood Apts  
Brookhaven, MS 39061  
601-833-4926

Lula M. Williams  
900 Williams St.  
#64 Cloverdale Acres Apt.  
Brookhaven, MS 39601  
601-833-2130

Alberta Williams  
100 Eastview Drive  
#22 Eastview Apartments  
Brookhaven, MS 39601  
601-835-1541

Ruth Myers  
501 Brookman Dr.  
#15 Lincoln Village Apts.  
Brookhaven, MS 39601  
601-833-5622

Katie Berry  
100 Fred Walley Drive  
Oakview Apts. # 5-A  
Brookhaven, MS 39601

### **SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:**

The Resident Advisory Board consists of six (6) members. They are selected by the resident body and Housing Authority.

CHALLENGED ELEMENTS:

**(1) Resident Advisory Board Recommendations**

- a.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

If yes, provide the comments below:

- b. 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. N/A

The PHA changed portions of the PHA Plan in response to comments  
List changes below:

Other: (list below)

The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, June 25, 2009 at 5:00 P. M.

There were no comments regarding the annual and five year plan.

<b>Part I: Summary</b>		
<b>PHA Name: BROOKHAVEN HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 **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	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	2,000			
4	1410 Administration (may not exceed 10% of line 21)	44,953			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	432,621			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	11,500			
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>						
<b>PHA Name:</b> BROOKHAVEN		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	556,074				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>		<b>Signature of Public Housing Director</b>	
					<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.





<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: BROOKHAVEN				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	9/31/11		9/31/13		
AMP 1	9/31/11		9/31/13		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>		
<b>PHA Name: BROOKHAVEN HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26S060501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>

**Type of Grant**  
 **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	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	703,879			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> BROOKHAVEN		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26S060501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	703,879				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>			
<b>Signature of Public Housing Director</b>			<b>Date</b>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.









<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Brookhaven, Mississippi</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-06 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval: 2006</b>	

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no:3 )  
 Performance and Evaluation Report for Period Ending: 6/30/09     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	104,500	104,500	104,500	104,500
3	1408 Management Improvements	107,595	107,595	107,595	107,595
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	61,207	61,207	61,207.00	61,207
10	1460 Dwelling Structures	185,995	188,939	188,938.97	185,995
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	8,080	10,832	10,832.00	10,832
13	1475 Non-dwelling Equipment	71,962	66,266	66,266.03	46,266
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Brookhaven Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-06 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2006</b> <b>FFY of Grant Approval: 2006</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	539,339	539,339	539,339	516,395	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs	107,595	107,595	107,595	107,595	
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date 7/1/09</b>	<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Brookhaven, Mississippi			<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2006</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	Operations	1406		104,500	104,500	104,500	104,500	
	Security	1408		107,595	107,595	107,595	107,595	
	Renovations to central office	1470		8,080	10,832	10,832	10,832	
	Administrative vehicle	1475	1	21,050	21,050	21,050	21,050	
	Maintenance trucks	1475	2	47,217	48,160	48,160	25,216	
	Copy Machine	1475	1	3,695	0			
60-1, Carver Hts.	Fire extinguishers, smoke alarms	1460	100	4,349	4,349	4,349	4,349	
60-2, Oakview	Fire extinguishers, smoke alarms	1460	34	1,222	1,222	1,222	1,222	
	Replace medicine cabinets	1460	34	5,936	5,936	5,936	5,936	
60-5 Cloverdale	Sidewalk repair/landscaping	1450	86	32,638	32,638	32,638	32,638	
	Fire extinguishers/smoke alarms	1460	86	36,400	24,400	24,400	24,400	
60-5 Brookwood	Exterior doors, screen doors, hardware	1460	30	22,994	24,650	24,650	24,650	
	Fire extinguishers/smoke alarms	1460	30	1,126	1,126	1,126	1,126	
	Bathroom faucets	1460	30	17,566	9,566	9,566	9,566	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.





<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Brookhaven, Mississippi				<b>Federal FFY of Grant: 2006</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	09/01/08		09/01/10		
MS 60-1	09/01/08		09/01/10		
MS 60-5	09/01/08		09/01/10		
MS 60-5E	09/01/08		09/01/10		
MS 60-6	09/01/08		09/01/10		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Brookhaven, Mississippi</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-07 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:02 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	105,280	105,280	105,280	105,280
3	1408 Management Improvements	105,280	102,538	102,538	82,364
4	1410 Administration (may not exceed 10% of line 21)	53,900	53,900	53,900	53,900
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	38,500	38,500	38,500	37,730
8	1440 Site Acquisition				
9	1450 Site Improvement	42,641	74,280	74,280	74,280
10	1460 Dwelling Structures	190,900	162,003	162,003	162,003
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>Housing Authority</b> <b>of the City of</b> <b>Brookhaven,</b> <b>Mississippi</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-07 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2007</b> <b>FFY of Grant Approval: 2007</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities	536,501	536,501	536,501	515,557
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	105,280	105,280	105,280	105,280
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Brookhaven, Mississippi			<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COCC	Management Fees	1410		53,900	53,900	53,900	53,900	
AMP#1	Operations	1406	134	42,880	42,880	42,880	42,880	
Carve Heights	Security	1408		42,880	40,138	40,138	32,945	
Oakview	A?E Fees	1430		15,678	15,678	15,678	15,678	
	Site Improvements, Erosion Control	1450	134	22,100	23,858	23,858	23,858	
	Landscaping, Sidewalk Repairs							
	Smoke Alarms	1460	134	13,400	39,055	39,055	39,055	
AMP #2	Opeations	1406		37,120	37,120	37,120	37,120	
Cloverdale	Security	1408	116	37,120	37,120	37,120	29,099	
Brookwood	A/E Fees	1430		13,572	13,572	13,572	13,572	
	Site Improvements, Erosion control	1450	86	12,541	15,379	15,379	15,379	
	Landscaping							
	Smoke Alarms	1460	30	3,000				
	Medicine Cabinets	1460	86	8,600	16,769	16,769	16,769	
	Refurbish Windows	1460	86	17,500	28,778	28,778	28,778	
	Laundry Room Vents	1460	2	500	5,258	5,258	5,258	
	Showers Rods	1460	30	2,000	12,318	12,318	12,318	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Brookhaven, Mississippi				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP #1	09/01/09		09/01/11		
AMP #2	09/01/09		09/01/11		
AMP #3	09/01/09		09/01/11		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Brookhaven, Mississippi</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>	

**Type of Grant**  
 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	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	110,000		110,000	110,000
3	1408 Management Improvements	110,000		110,000	16,447
4	1410 Administration (may not exceed 10% of line 21)	55,600		55,600	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,474		6,474	6,474
10	1460 Dwelling Structures	274,000		274,000	274,000
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Brookhaven Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060601-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	556,074		556,074	406,921	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs	110,000		110,000	110,000	
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Brookhaven Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COCC	Management Fees	1410		55,600	55,600	55,600		
AMP #1	Operations	1406	134	44,756	44,756	44,756	44,756	
Carve Heights	Security	1408	134	44,756	44,756	44,756	6,579	
Oakview								
AMP#2	Operations	1406	116	38,744	38,744	38,744	38,744	
Cloverdale	Security	1408	116	38,744	38,744	38,744	5,756	
Oakview	Smoke Alarms, Cloverdale	1460	86	7,962	7,962	7,962	7,962	
Brookwood	Smoke Alarms, Brookwood	1460	30	2,779	2,779	2,779	2,779	
	Exterior Doors, Locks, Screen Doors	1460	30	22,994	22,994	22,994	22,994	
AMP#3	Operations	1406	79	26,500	26,500	26,500	26,500	
Eastview	Security	1408	79	26,500	26,500	26,500	4,112	
Lincoln	Site Improvements, Sod Erosion, Eastview	1450	39	3,237	3,237	3,237	3,237	
	Site Improvement, Sod Erosion, Lincoln	1450	40	3,237	3,237	3,237	3,237	
	Exterior Doors, Locks, Screen Doors	1460	39	70,590	70,590	70,590	70,590	
	Exterior Doors, Locks, Screen Doors	1460	40	72,510	72,510	72,510	72,510	
	Flooring, Eastview	1460	39	48,582	48,582	48,582	48,582	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: Brookhaven Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Flooring, Lincoln	1460	40	48,583	48,583	48,583	48,583	
	<b>GRAND TOTAL</b>			556,074	556,074	556,07	406,921	

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Brookhaven Housing Authority				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/31/10		09/31/12		
AMP #1	09/31/10		09/31/12		
AMP #2	09/31/10		09/31/12		
AMP #3	09/31/10		09/31/12		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name/Number <b>Brookhaven Housing Authority</b>		Locality (City/County & State) <b>Brookhaven, Lincoln, MS</b>			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	135,000	212,627	245,130	127,000
C.	Management Improvements		108,000	108,000	108,000	108,000
D.	PHA-Wide Non-dwelling Structures and Equipment		12,000	30,802	14,000	15,000
E.	Administration		55,607	55,607	55,607	55,607
F.	Other		31,638	19,572	15,260	60,000
G.	Operations		20,773	43,733	32,794	100,000
H.	Demolition		0	0	0	0
I.	Development		125,773	18,450	18,000	23,184
J.	Capital Fund Financing – Debt Service		67,283	67,283	67,283	67,283
K.	Total CFP Funds		556,074	556,074	556,074	556,074
L.	Total Non-CFP Funds					
M.	Grand Total		556,074	556,074	556,074	556,074

**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number <b>Brookhaven MS26P060</b>		Locality: <b>Newton, Newton, MS</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name Number	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
		<b>Annual Statement</b>				
	COCC		55,607	55,607	55,607	55,607
	AMP 1 MS 060-001P		500,467	0	0	165,000
	AMP 2 MS 060-002P		0	500,467	0	260,467
	AMP 3 MS 060-003P		0	0	500,467	75,000







