

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Athens Metropolitan Housing Authority</u> PHA Code: <u>OH041</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>January 1, 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>71</u> Number of HCV units: <u>698</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 1:																											
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:																										
<b>5.2</b>	<b>Goals and Objectives.</b> 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.																										
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Rent Determination—EIV verification process Homeownership Policy to include the environmental review regulations. (See Attachment)  (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.  The public may obtain copies of the 5-Year and the Annual PHA Plan at the main office located at 10 Hope Drive, Athens, Ohio 45701																										
<b>7.0</b>	<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>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<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.																										
<b>8.2</b>	<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.																										
<b>8.3</b>	<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.																										

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>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</li> </ul>
11.0	<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> <ul 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> </ul>

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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

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

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

<b>Part I: Summary</b>			
<b>PHA Name:</b>  <b>Athens Metropolitan Housing Authority</b>	<b>Grant Type and Number</b> CFP Grant No: <b>OH16P041501-09</b> Date of CFFP: _____		<b>RHF Grant No:</b> _____ <b>FFY of Grant:</b> <b>2009</b> <b>FFY of Grant Approval:</b> <b>2009</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	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$5,000.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$17,980.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$3,828.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$41,515.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$55,219.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$1,256.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstratoin	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
<b>20</b>	<b>Amount of Annual Grant: (sum of lines 2-19)</b>	<b>\$124,798.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

<b>Signature of Executive Director</b>	<b>Date:</b>	<b>Signature of Public Housing Director</b>	<b>Date:</b>
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<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.

Part II: Supporting Pages								
PHA Name: Athens Metropolitan Housing Authority		Grant Type and Number CFP Grant No.: OH16P041501-09 CFFP (Yes/No): RHF Grant No.:			Federal FFY of Grant: 2009			
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>	
HOPE DRIVE				\$0.00	\$0.00	\$0.00	\$0.00	
OH041-000001P	Operations	1406	0	\$3,098.00	\$0.00	\$0.00	\$0.00	
	Contract Services	1408	0	\$11,820.00	\$0.00	\$0.00	\$0.00	
	Architect Fees and Costs	1430		\$3,828.00	\$0.00	\$0.00	\$0.00	
	Living, Bathroom, Bedroom, Interior Door Repl.	1460	245	\$41,515.00	\$0.00	\$0.00	\$0.00	
	Kitchens, Refrigerator Replacement	1465.1	44	\$17,000.00	\$0.00	\$0.00	\$0.00	
	Kitchens, Range Replacement	1465.1	44	\$17,219.00	\$0.00	\$0.00	\$0.00	
	Maintenace Equipment	1475	0	\$778.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
SCATTERED SITES				\$0.00	\$0.00	\$0.00	\$0.00	
OH041-000002P	Operations	1406	0	\$1,902.00	\$0.00	\$0.00	\$0.00	
	Contract Services	1408	0	\$6,160.00	\$0.00	\$0.00	\$0.00	
	Kitchens, Refrigerator Replacement	1465.1	27	\$10,000.00	\$0.00	\$0.00	\$0.00	
	Kitchens, Range Replacement	1465.1	27	\$11,000.00	\$0.00	\$0.00	\$0.00	
	Maintenace Equipment	1475	0	\$478.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	













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

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>						
PHA Name/Number: Athens Metropolitan Housing Authority- OH041		Locality (City/County & State): Athens County		<input checked="" type="checkbox"/> Original 5-Year <input type="checkbox"/> Revision No.		
A.	Development No./Name/PHA-wide	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY:	FFY:	FFY:	FFY:	FFY:
			2010	2011	2012	2013
B.	Physical Improvements	See Annual Statement	\$93,024.00	\$90,303.00	\$90,303.00	\$92,577.00
C.	Management Improvements		\$18,356.00	\$18,807.00	\$19,370.00	\$19,950.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0.00	\$0.00	\$0.00	\$0.00
E.	Administration		\$0.00	\$0.00	\$0.00	\$0.00
F.	Other		\$8,400.00	\$10,688.00	\$10,125.00	\$7,271.00
G.	Operations		\$5,018.00	\$5,000.00	\$5,000.00	\$5,000.00
H.	Demolition		\$0.00	\$0.00	\$0.00	\$0.00
I.	Development		\$0.00	\$0.00	\$0.00	\$0.00
J.	Capital Fund Financing - Debt Service		\$0.00	\$0.00	\$0.00	\$0.00
K.	Total CFP Funds		\$124,798.00	\$124,798.00	\$124,798.00	\$124,798.00
L.	Total Non-CFP Funds		\$0.00	\$0.00	\$0.00	\$0.00
M.	<b>Grand Total</b>		<b>\$124,798.00</b>	<b>\$124,798.00</b>	<b>\$124,798.00</b>	<b>\$124,798.00</b>











# Athens Metropolitan Housing Authority

10 HOPE DRIVE, ATHENS, OHIO 45701

740-592-4481

TDD: Ohio Relay Service (800) 750-0750

FAX: 740-594-2410

[amha@athensmha.org](mailto:amha@athensmha.org)

September 16, 2008

## Public Hearing for 2009 Annual Agency Plan

AMHA Staff:

Keith C. Andrews, Executive Director

Erica S. Kennedy, Coordinator of Administration & Operations

Hearing was published in several publications of the Sunday Edition of the Athens Messenger

Hearing began at 4:00 PM

No public attended

Hearing adjourned at 5:15 PM



# Athens Metropolitan Housing Authority

## Section 8 Housing Choice Voucher Homeownership Program

### Part A: BACKGROUND

The Quality Housing and Work Responsibility Act of 1998 established that local housing authorities may adopt a homeownership program within the Section 8 Housing Choice Voucher Program. In order to increase the housing choice options within Athens County, Athens Metropolitan Housing Authority (AMHA) has developed such a program in compliance with the Federal Regulations published September 12, 2000 and identified as [24 CFR 982.625] and supplemented by Federal Regulations issued October 18, 2002 as well as Federal Regulations issued October 22, 2007. AMHA implemented the Section 8 Housing Choice Voucher Homeownership Program effective January 1, 2002.

For AMHA Administrative Plan Homeownership refer to Chapter 15, Part VII.

### Part B: NUMBER OF VOUCHERS AVAILABLE FOR HOMEOWNERSHIP (AMHA Administrative Plan, 15-VII.C) [24 CFR 982.626]

In the initial year of implementation, AMHA provided for a total of three (3) Section 8 Housing Choice Voucher participants, who met the criteria to qualify for this option, the opportunity to participate in the homeownership program. In the intervening years of program experience, AMHA has readjusted that figure to be a total of five (5) qualified participants in each year. AMHA will continue in this manner up to, and including, year ten (10). AMHA has set the maximum number of homeownership participants to be at a cap of fifty (50). AMHA may increase the subsequent year homeownership participant number to meet the target homeownership participant goal. If, at year ten (10), AMHA has not achieved the target of fifty (50) homeownership participants, AMHA will continue providing homeownership options until the maximum number has been met. When participants exit the homeownership program, their vouchers will be returned to be a Section 8 Housing Choice Voucher for reissuance.

AMHA will continue providing the homeownership option in a manner to assure program stability. AMHA will review this program annually and adjust program goals with the preparation of the Annual Plan. AMHA reserves the right to discontinue the homeownership option program subject to public notification with the Annual Plan. In such a case, existing homeownership participants can continue until such time as they exit the program.

### Part C: ELIGIBILITY (AMHA Administrative Plan, 15-VII.B) [24 CFR 982.627]

The homeownership program is open to current Section 8 Housing Choice Voucher program participants and participants on the Section 8 Housing Choice Voucher waiting list. Eligible participants for the homeownership program must be in good standing and must meet the following criteria to be eligible to participate in the homeownership program:

1. The family is a current Section 8 Housing Choice Voucher participant and has completed and is in full compliance with program regulations.
2. The family has met the criteria established for a first-time homeowner. (see definition first

- time homeowner, this includes lease lease-purchases)
3. The family has met the following income guidelines;
    - a. At least one adult of the family is employed full-time for an average of thirty (30) hours per week.
    - b. The family gross annual income of the adult family members who will own the home, is not less than the Federal minimum hourly wage times 2000 hours, as determined by AMHA.
    - c. Except in cases of elderly and handicapped families, welfare assistance shall not count in determining annual income under this section. However, welfare assistance will be included in the calculation of their homeownership assistance payments.
    - d. The employed adult must have been continuously employed for one year (AMHA has discretion in determining the family's eligibility under this requirement).
    - e. Elderly, handicapped, and disabled families are exempt from this employment requirement.
    - f. Families that have previously participated in this program and defaulted on the mortgage are not eligible.
  4. The family has fully repaid any outstanding debt owed to AMHA or any Housing Authority.

#### **Part D: WORK INTERRUPTIONS [24 CFR 982.627(d)(2)]**

AMHA shall consider the following interruptions of the 12-month work requirements as exceptions to the continuous work rule:

1. Pregnancy leaves for up to two months.
2. Interruptions that were not within the individuals control such as plant closings, strikes and lay-offs.
3. Breaks in work to attend training or higher education to improve employability.
4. AMHA will count successive jobs during the 12-month period if the adult obtained more than one job.
5. Any other considerations will be reviewed at the discretion of the AMHA.

#### **Part E: PROGRAM REQUIREMENTS**

Prior to being issued a homeownership choice voucher the prospective participant must complete the following activities:

1. **Homeownership Pre-Assistance Counseling** (AMHA Administrative Plan, 15-VII.F) [24 CFR 982.630]

The family must attend and satisfactorily complete the pre-assistance counseling program required by the AMHA prior to the commencement of the homeownership assistance. The family is required to receive pre-approval from AMHA before participating in a pre-assistance counseling program offered by another organization. Pre-assistance counseling completed that is not approved by AMHA will not qualify the family for participation in the AMHA Homeownership Assistance Program. Such counseling will include topics of home maintenance, budgeting and money management, credit counseling, how to negotiate

the purchase price of a home, how to obtain homeownership financing and loan preapprovals, how to find a home in the AMHA jurisdiction, advantages of purchasing a home in an area that does not have a high concentration of low-income families, fair housing, and real estate settlement procedures and predatory lending issues. AMHA has discretion to adapt the subjects covered to local circumstances and the needs of individual families.

## 2. AMHA Assessment

The family is required to meet with AMHA personnel who will review each family's individual financial circumstances and estimated household expenses. Based upon the information obtained, staff will prepare a Section 8 homeownership calculation worksheet outlining housing assistance and total tenant payments.

## 3. Participant Financial Requirements

- a. Down Payment Commitment [24 CFR 982.625(g)(1)]  
AMHA requires a minimum homeowner down payment of at least 3% of the purchase price, and require that at least 1% of the down payment be contributed from the family's personal resources. However AMHA has discretion to reduce the required 1% family contribution if it has coordinated the down payment assistance with other available community services. The participating family is encouraged to obtain additional down payment assistance from other programs that may be available from the city, county or participating financial institutions.
- b. Independent Inspection Expenses [24 CFR 982.631]  
The prospective buyer must also hire and pay all costs incurred for an independent professional inspector to inspect the home.
- c. Environmental Expenses (for units not yet under construction)  
The purchaser may be responsible for any costs incurred by the responsible entity performing the environmental procedures required by [24 CFR part 58].

## 4. Financing Requirements (AMHA Administrative Plan, 15-VII.H) [24 CFR 982.632]

AMHA requires the financing for the purchase of a home under the Section 8 Housing Choice Voucher Homeownership program:

- a. Be provided, insured, or guaranteed by the state or Federal government; or
- b. Comply with secondary mortgage market underwriting standards; or
- c. Comply with generally accepted private sector underwriting requirements;
- d. Seller financing is not an eligible financing option for this program;
- e. Balloon payments will not be permitted in this program.

The participant may choose any financial institution that meets these requirements. They may also choose to use USDA/Rural Development or products offered from the State of Ohio, or other governmental or non-profit entities.

**Part F: FIRST-TIME HOMEOWNER** (AMHA Administrative Plan, 15-VII.J) [24 CFR 982.634]

For the purposes of this program, first-time homeowner is defined as follows:

A family of which no member has any present ownership interest in a residence during the three (3) years before commencement of homeownership assistance. A single parent or displaced homemaker who while married owned a home with his or her spouse or resided in a home owned by his or her spouse will qualify for participation if meeting all other requirements under the program. Displaced homemaker is defined by [12 USC 12713]. A cooperative member as defined in [24 CFR 982.4] or a family of which a family member is a person with disabilities, and use of the homeownership option is needed as a reasonable accommodation so that the program is readily accessible to and usable by such person, and the family satisfies any other initial requirements as established by the AMHA.

**Part G: UNIT ELIGIBILITY** (AMHA Administrative Plan, 15-VII.D) [24 CFR 982.628]

The unit selected must meet the following criteria:

1. AMHA must determine the unit is eligible.
2. The unit was either under construction or already existing at the time the housing authority already determined that the family was eligible to purchase the unit. This provision is not to include modular or manufactured homes, including purchase of land.
3. **Units not yet under construction: families may enter into contracts of sale for units not yet under construction at the time the family enters into the contract of sale. However, the AMHA shall not commence homeownership assistance for the family for that unit, unless and until either:**
  - a. **The responsible entity completed the environmental review procedures required by [24 CFR part 58] and HUD approved the environmental certification and request for release of funds prior to commencement of construction:**
    - i. **The purchaser is responsible for coordinating with the responsible entity during the environmental review procedures required by [24 CFR part 58].**
    - ii. **The purchaser may be responsible for any costs incurred by the responsible entity performing the environmental procedures required by [24 CFR part 58]; or**
  - b. **HUD performed an environmental review under [24 CFR part 50], and notified the AMHA in writing of environmental approval of the site prior to commencement of construction;**
  - c. **Construction of the unit has been completed; and**
  - d. **The unit has passed the required Housing Quality Standards inspection and independent inspection.**
4. The unit is a one-unit property or a single dwelling unit in a cooperative or condominium.
5. The unit has been inspected by the housing authority inspector and satisfies HQS.
6. The unit has been inspected by an independent professional inspector designated and paid by the family with a copy of the inspection provided to the family and the AMHA.
7. Any unit in a flood hazard area must be documented as such and must be insured for flood damage.
8. The AMHA may not approve a unit if HUD has notified the AMHA that the seller has been debarred, suspended, or subject to limited denial of participation under part [24 CFR 982].

Commencement of construction in violation of paragraph 3 (a) (b) and (c) of this section voids the purchase contract and renders homeownership assistance under [24 CFR 982] unavailable for purchase of the unit.

**Part H: HOUSING TYPES** (AMHA Administrative Plan, 15-VII.D) [24 CFR 982.628 and 982.629]

The participant is responsible for selecting the housing unit. For the purposes of this program, the participant may select from any of the special housing types;

1. Single-family dwelling consisting of a house and the land on which it sits.
2. For the purposes of this program AMHA will not allow the purchase of cooperatives unless the family was a cooperative member prior to the commencement of the homeownership rule.
3. A mobile or modular home, including land, which is deeded as real estate.

The Executive Director shall review other proposed dwellings, not listed herein, to determine if they comply with the spirit of this program and may deny such proposal in writing citing the bases for the decision. Participant may request an administrative hearing for denial of property.

**Part I: INSPECTIONS** (AMHA Administrative Plan, 15-VII.G) [24 CFR 982.631]

AMHA cannot commence homeownership assistance for a family until the AMHA has inspected the unit for HQS requirements. The prospective buyer must also hire and pay all costs incurred for an independent professional inspector to inspect the home. Members of the American Society for Home Inspection (ASHI) or similar certifying organizations can be submitted for approval prior to purchasing the inspection service. A copy of the inspection is to be provided to the AMHA. The independent inspection must cover all of the major building systems and components. Cooperatives will be inspected on an annual basis for the term of the HAP.

AMHA has the right to deny participation if the independent home inspection discloses unfavorable information even if the unit meets HQS guidelines. AMHA will conduct an HQS inspection at initial participation and one for the subsequent annual. Any HQS findings or concerns will be addressed with the family and the family will be required to remedy them to AMHA's satisfaction in order to continue participation.

**Part J: CONTRACT OF SALE** (AMHA Administrative Plan, 15-VII.G) [24 CFR 982.631]

Prior to commencement of homeowner participation, the prospective buyer must provide AMHA with a copy of the proposed purchase contract. At a minimum, the contract must contain the following information:

1. The location of the proposed home and a property description.
2. Identify the seller of the property.
3. Specify the price, terms and conditions of the seller to the purchaser.
4. Provide that the purchaser will arrange for a pre-purchase inspection of the unit by a professional home inspection company of their choice and at their expense, as outlined in this agreement.
5. Provide that the purchaser is not obligated to purchase the unit unless the inspection is

- satisfactory to the purchaser and the Authority.
6. Provide that the purchaser is not obligated to pay for any necessary repairs.
  7. A contract for sale of units not yet under construction at the time the family is to enter into a contract for sale must also provide that:
    - a. The purchaser is not obligated to purchase the unit unless an environmental review has been performed and the site has received environmental approval prior to commencement of construction in accordance with [24 CFR 982.628].
    - b. The buyer is responsible for coordinating with the responsible entity during the environmental review procedures required by [24 CFR part 58].
    - c. The buyer may be responsible for any cost incurred by the responsible entity to perform the environmental procedures required by [24 CFR part 58].
    - d. The construction will not commence until environmental review has been completed and the seller has received written notice from the AMHA that environmental approval has been obtained. Conduct of the environmental review may not necessarily result in environmental approval, and environmental approval may be conditioned on the contracting parties' agreement to modifications to the unit design or to mitigation actions.
    - e. Commencement of construction in violation of the above paragraphs of this section voids the purchase contract and renders homeownership assistance under [24 CFR 982] unavailable for purchase of the unit.
  8. Contain a certification from the seller that the seller has not been debarred, suspended or subject to a limited denial of participation under part [24 CFR 982.628 (b)].

#### **Part K: LEASE-PURCHASE [24 CFR 982.317]**

Families may enter into lease-purchase agreements while receiving Section 8 rental assistance. All requirements of the housing choice voucher program apply to lease-purchase agreements, except that families are permitted to pay extra amount of out-of-pocket to the owner for purchase related expenses- a "homeownership premium." Any "homeownership premium," defined as an increment of value attributable to the value of the lease-purchase right or agreement, is excluded from AMHA's rent reasonableness determination and subsidy calculation, and must be absorbed by the family.

When a lease-purchase participant family is ready to exercise their option, they must notify the AMHA and apply for the homeownership option. If determined eligible for home ownership assistance, the family may be admitted to the homeownership program and must meet all the requirements of these policies.

#### **Part L: AFFORDABILITY (AMHA Administrative Plan, 15-VII.H) [24 CFR 982.632]**

AMHA shall develop an affordability plan with the program participant prior to them selecting and purchasing a home to ensure affordability. The plan will allow up to a maximum of thirty-three percent (33%) of the prospective buyers income for housing costs to ensure that the maximum debt to income ratio does not exceed forty-five percent (45%) for all sources of debt; this amount does not include any amounts contributed from the HAP payments.

The client will then select an appropriate financial institution and make arrangements to complete the mortgage application. When the client receives their loan commitment letters, the Section 8 Housing Choice Voucher will be converted to a homeownership agreement.

Any client that has excessive debt ratios, or bad credit, will be provided an opportunity to correct those deficiencies within twelve (12) months. At that time, they will become eligible to participate in the program.

**Part M: EXECUTING A HOMEOWNERSHIP AGREEMENT** (AMHA Administrative Plan, 15-VII.K) [24 CFR 982.635]

Upon completion of the eligibility criteria established in this plan, the proposed homeownership participant will have 180 days to find a home and complete the closing. During that period, the homeowner participant is required to report their progress monthly to AMHA. The progress report shall include the number of homes that the client has researched, any negotiating that has occurred, and a copy of any contractual documents that have been signed. AMHA has discretion to grant additional time on a case-by-case basis, if needed.

**Part N: TERM OF ASSISTANCE** (AMHA Administrative Plan, 15-VII.J) [24 CFR 982.634]

The maximum term of assistance for the program shall be determined as follows:

1. Fifteen (15) years, if the initial mortgage term is 20 years or longer.
2. Ten (10) years, if the initial mortgage term is less than 20 years.
3. Elderly and disabled families are exempt from the term limitation.
4. If during the course of the homeownership assistance, the family ceases to qualify as an elderly or disabled family, the maximum term of the initial mortgage becomes applicable from the time the assistance commenced.
5. Families who no longer qualify for elderly or disability status during the course of homeownership assistance will be given six (6) month's additional assistance if the maximum term has lapsed, provided the family is otherwise eligible for assistance.
6. If the family has received assistance for different homes or from different PHA's, the total of such assistance cannot exceed the maximum term described herein.

**Part O: DETERMINATION OF HOUSING ASSISTANCE** (AMHA Administrative Plan, 15-VII.K) [24 CFR 982.635]

AMHA shall make monthly housing payment assistance to the homeowner participant based on the following:

1. The payment shall be the lower of:
  - a. The payment standard minus the total tenant payment or
  - b. The family's monthly homeownership expense minus the total tenant payment.
2. The payment standard shall be the lower of:
  - a. The payment standard for the family unit size or
  - b. The payment standard for the size of the home.
3. The payment standards for the family is the greater of:
  - a. The payment standard shall be in accordance with 2 (A) or 2 (B) at the commencement of the homeownership assistance OR;
  - b. The payment standard shall be determined in accordance with 2 (A) or 2 (B) at the most recent regular reexamination of family income and family composition since the commencement of the homeownership option.

The AMHA shall use the same payment standard schedule, payment amount and subsidy standards pursuant to [24 CFR 982.402] and [24 CFR 982.503] for this program.

**Part P: DETERMINATION OF HOMEOWNERSHIP EXPENSES** (AMHA Administrative Plan, 15-VII.K) [24 CFR 982.635]

AMHA shall allow the following expenses in determining payment assistance:

1. Principal and interest on first mortgage of private residence.
2. Property taxes and public assessments on private residence.
3. Home insurance.
4. Current utility allowance for the home.
5. PHA Allowance for maintenance.
6. PHA Allowance for replacement.
7. AMHA will consider additional expenses occurred to provide reasonable accommodation for persons with disability.

**Part Q: DETERMINATION OF MAINTENANCE ALLOWANCE AND REPLACEMENT ALLOWANCE** [24 CFR 982.635]

AMHA has developed a Maintenance Allowance of \$15.00 per month and a Replacement Allowance of \$ 10.00 per month. These amounts are based upon experience with the Multi-Family Industry by reviewing five years of data in its Multi-Family Portfolio that established an average of \$ 25.00 per unit, per month, in reserve for funds to perform extraordinary maintenance repairs and replacement of components related to housing units. The AMHA will monitor this average each year to determine any adjustments that may be necessary as a result of changes in the industry average.

**Part R: PORTABILITY** (AMHA Administrative Plan, 15-VII.L) [24 CFR 982.636, 982.637, 982.353(b) and (c), 982.552, 982.553]

A family may qualify to move outside of the AMHA's jurisdiction. To be eligible for portability of homeownership, the following conditions must be met:

1. The receiving housing authority has an active homeownership program.
2. The homeowner has complied with all of the homeowner responsibilities and obligations, including the recapture provision,
3. The receiving housing authority has notified the initial housing authority of a home purchase within 120 days of porting.
4. Continued assistance is subject to [24 CFR 982.637].
5. The family is prohibited from moving more than once in a twelve-month period.

**Part S: MOVE WITH CONTINUED ASSISTANCE** (AMHA Administrative Plan, 15-VII.M) [24 CFR 982.637]

An individual may choose to move and receive assistance under the Homeowner Assistance Option. To be eligible to receive continued assistance the following conditions must be met:

1. AMHA cannot commence continued payment for a new unit so long as any family member retains title to the former unit,
2. A family cannot move to a new dwelling until 12 months has lapsed on the initial home. After initial period, the family is limited to one move per 12-month period.
3. AMHA will determine if the participant has met and continues to meet the home ownership criteria as established in this plan prior to moving to a new residence.
4. Pre-planning counseling and first-time homebuyer requirements do not apply to movers.
5. AMHA may deny continuing assistance if funding is not available or if family has violated the conditions established for denial of continued assistance.
6. AMHA must determine that all initial requirements listed in [24 CFR 982.626] (including the environmental requirements with respect to a unit not yet under construction) have been satisfied if a family that has received homeownership assistance wants to move to such a unit with continued assistance.

**Part T: DENIAL OF PARTICIPATION OR TERMINATION OF BENEFITS (AMHA Administrative Plan, 15-VII.N) [24 CFR 982.638]**

AMHA may terminate homeownership assistance if it is found that the family has violated any of the following conditions:

1. Per [24 CFR 982.552] the family has participated in criminal activities.
2. The family has failed to comply with the family obligations as established in [24 CFR 982.551] or [24 CFR 982.633]
3. The family has defaulted on their mortgage and failed to comply with the conditions established under [24CFR 982.638(d)].

**Athens Metropolitan Housing Authority  
Section 8 Housing Choice Voucher Homeownership Option**

**Statement of Homeownership Obligations**

I/We \_\_\_\_\_  
Participant(s) in the Athens Metropolitan Housing Authority (AMHA) Homeownership Assistance Program, fully understand the following conditions regarding continued eligibility for housing assistance payments in conjunction with ownership of a \_\_\_\_\_ located at \_\_\_\_\_ . I agree that:

1. The home will be occupied by the following family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The initial monthly Housing Assistance Payment will be \$ \_\_\_\_\_ and it will begin on \_\_\_\_\_. The Housing Assistance Payment will be adjusted, at least annually, based on any changes in payment standards, homeownership costs, household income and/or household composition, in accordance with the U.S. Department of Housing and Urban Development (HUD) requirements.
3. The initial Housing Assistance Payment will be made as follows: A check for \$ \_\_\_\_\_ will be paid by AMHA to \_\_\_\_\_ on behalf of the family. \$ \_\_\_\_\_ will be paid by you (the homeowner) to the lender.
4. Housing Assistance Payments (HAP) will be available for a maximum of \_\_\_\_ years, except in the case where the household qualifies as an elderly or disabled family. Housing Assistance Payments are contingent on the family's compliance with the requirements of this Statement of Homeownership Obligations. The policies of the AMHA Homeownership Assistance Program, HUD Program requirements, and upon continued appropriations of the AMHA by HUD.
5. The family must report all family income from all sources and the names of all persons living in our household.
6. If, at any time, any member of our household has a change in income, I must report it to the AMHA no later than thirty (30) days after the change occurs.

If, at any time, anyone in the household moves in or out, it must be reported to the AMHA within thirty (30) days of the occurrence

Housing Assistance Payments will be made only for the months that the family is in the residence of the home and in compliance with all program requirements. The family must immediately report to AMHA when they move from the home.

7. The family (including each family member) must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
8. The family (including each family member) must not participate in any illegal drug or violent criminal activity.
9. The family may not sell, convey, or transfer any interest in the home to any entity or person prior to informing the AMHA. Housing Assistance Payments will terminate with any sale, conveyance, or transfer other than to another adult household member residing in the home.
10. The family must provide information to the AMHA of any mortgage, or other debt, incurred to purchase a home, and refinancing of such debt.
11. The family must comply with the terms of any mortgage security debt incurred to purchase our home and any refinancing of such debt. The family must immediately notify the AMHA of any defaults on mortgage debt incurred to purchase the home.
12. The family must promptly pay all utility bills.
13. The family must keep the premises in good repair and in safe and sanitary condition.
14. The family must document, in conjunction with the annual reexamination of income, that they are current on mortgage, insurance, taxes, and utility payments.
15. If the family defaults on the mortgage debt and lose the home, I will not be able to use Section 8 Homeownership Assistance Voucher for rental housing, but may apply for the Section 8 Housing Choice Voucher program in accordance with AMHA policy.
16. The family must not sublet or lease the home.

I/We \_\_\_\_\_ understand that housing assistance may be withheld, recovered, or terminated for any violation of terms and conditions of this Statement of Homeowner Responsibilities.

\_\_\_\_\_  
Homebuyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homebuyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
AMHA Representative

\_\_\_\_\_  
Date

## Section 8 Homeownership Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Per AMHA: Eligible Bedroom Size: \_\_\_\_\_ Re-Certification Date: \_\_\_\_\_ TTP: \_\_\_\_\_

Use Lower Of:

1. Assistance based on Payment Standard:

Application Payment Standard: \_\_\_\_\_  
MINUS Total Tenant Payment: \_\_\_\_\_  
Homeownership Assistance: \_\_\_\_\_

**OR**

2. Assistance based on Homeownership Expenses

Principal and Interest on 1<sup>st</sup> mortgage: \_\_\_\_\_  
Principal and Interest on 2<sup>nd</sup> mortgage: \_\_\_\_\_  
Real Estate Taxes and Public Assessment: \_\_\_\_\_  
Homeowners Insurance: \_\_\_\_\_  
**PHA Allowance for maintenance:** \_\_\_\_\_  
**PHA Allowance for replacement:** \_\_\_\_\_  
PHA Utility Allowance: \_\_\_\_\_  
Other Eligible Costs: \_\_\_\_\_

Total Homeownership Expenses: \_\_\_\_\_  
MINUS Total Tenant Payment: \_\_\_\_\_  
Homeownership Assistance Payment: \_\_\_\_\_

**Lower of = Homeownership Assistance Payment: \$ \_\_\_\_\_**

**TERMINATING THE ASSISTANCE OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING VICTIMS AND PERPETRATORS [Pub.L. 109-162, Pub.L. 109-271]**

The Violence Against Women Reauthorization Act of 2005 (VAWA) provides that “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 a cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that domestic violence, dating violence, or stalking.”

VAWA also gives PHAs the authority to “terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.”

VAWA does not limit the authority of the PHA to terminate the assistance of any participant if the PHA “can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant is not evicted or terminated from assistance.”

The Athens Metropolitan Housing Authority will make every effort to assist those victims and their families by adherence to the law, notification of victim rights, assistance to relocate and guidance concerning what services are available within the county to make their transition to independent living possible and successful.

Listed are the steps taken by the AMHA to meet the goals for which the law was enacted:

**-Notification of Rights:**

On July 24, 2006 a letter was mailed to each client and landlord participating in the Section 8 Programs administered by AMHA including all Public Housing residents. AMHA developed and retains a brochure to explain applicant and tenant rights under the law for those wishing to use or are using housing assistance. Brochures will be maintained in the AMHA lobby and placed in briefing and leasing packets. In addition, brochures will also be mailed to landlords upon execution of the HAP Contract.

Upon disclosure from a victim of domestic violence, dating violence, sexual assault or stalking a brochure will be supplied and reviewed with the individual and, if applicable, the individual’s family.

**-Notification of Available Services:**

AMHA has developed and retains a listing of services available within the county to assist those victims of violence or stalking. This listing of services will be maintained in the AMHA lobby and was also added to the brochures that are placed in the briefing and leasing packets.

**-Services conducted by the AMHA:**

The AMHA will send a letter scheduling a face to face conference to the participant family after information has been received directly or indirectly that an incident has occurred. Prior to AMHA taking any action to terminate the abuser, the household will be notified of their rights and available services and made aware of the requirements of the AMHA to take action against the abuser. The individual will be given the opportunity for the HA to take action against the abuser and change household composition, or if they elect not to remove the abuser from the household, AMHA will start termination proceedings under the Section 8 Housing Choice Voucher Program or will terminate the tenancy of a Public Housing resident if the participants do not give a notice to withdraw from the Section 8 Housing Choice Voucher Program or in the case of a Public Housing resident an intent to vacate.

When meeting with family concerning the incident of domestic violence the staff will provide the family or victim with the VAWA brochure and the VAWA Certification Form to be filled out, the staff member will provide the family/victim the names of the agencies that provide services, gather further information and make referrals if requested by the family.

**-Victim Documentation:**

PHA Policy

When a participant family is facing assistance termination because of the actions of a participant, household member, guest, or other person under the participant's control and a participant or immediate family member of the participant'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 PHA 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, and

One of the following:

A police or court record documenting the actual or threatened abuse, or

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 PHA within 14 business days after the PHA issues their written request. The 14-day deadline may be extended at the PHA's discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the PHA may proceed with assistance termination.

If the PHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

**-Terminating the Assistance of a Domestic Violence Perpetrator:**

Although VAWA provides assistance termination protection for victims of domestic violence, it does not provide protection for perpetrators. VAWA gives the PHA the explicit authority to “terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others...without terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.” This authority supersedes any local, state, or other federal law to the contrary. However, if the PHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or by applicable local, state, or federal law regarding termination of assistance [Pub.L. 109-271].

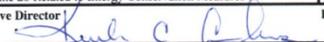
#### PHA Policy

When the actions of a participant or other family member result in a PHA decision to terminate the family’s assistance and another family member claims that the actions involve criminal acts of physical violence against family members or others, the PHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame, or any approved extension period, the PHA will terminate the perpetrator’s assistance. If the victim does not provide the certification and supporting documentation, as required, the PHA will proceed with termination of the family’s assistance.

If the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the participant’s tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family’s assistance.

#### **-PHA Confidentiality Requirements:**

All information provided to the PHA 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.

<b>Part I: Summary</b>					
<b>PHA Name:</b>  Athens Metropolitan Housing Authority		<b>Grant Type and Number</b> CFP Grant No: OH16P041501-05 Date of CFFP: _____		RHF Grant No: _____	<b>FFY of Grant:</b> 2005 <b>FFY of Grant Approval:</b> 2005
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: _____)					
<input checked="" 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
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$5,875.00	\$0.00	\$5,875.00	\$5,875.00
3	1408 Management Improvements	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$19,025.00	\$0.00	\$19,025.00	\$19,025.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$89,100.00	\$0.00	\$89,100.00	\$89,100.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$5,000.00	\$0.00	\$5,000.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstratoin	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	<b>Amount of Annual Grant: (sum of lines 2-19)</b>	<b>\$129,000.00</b>	<b>\$0.00</b>	<b>\$129,000.00</b>	<b>\$124,000.00</b>
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
<b>Signature of Executive Director</b> 		<b>Date:</b> 10/1/2008		<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:</b>  Athens Metropolitan Housing Authority		<b>Grant Type and Number</b> CFP Grant No: OH16P041501-06 RHF Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval:</b> 2006	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: ) <input checked="" 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
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$3,000.00	\$0.00	\$3,000.00	\$3,000.00
3	1408 Management Improvements	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00
4	1410 Administration (may not exceed 10% of line 20)	\$3,574.00	\$0.00	\$3,574.00	\$3,574.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$9,957.00	\$0.00	\$9,957.00	\$9,957.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$98,000.00	\$0.00	\$98,000.00	\$68,460.67
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
<b>20</b>	<b>Amount of Annual Grant: (sum of lines 2-19)</b>	<b>\$124,531.00</b>	<b>\$0.00</b>	<b>\$124,531.00</b>	<b>\$94,991.67</b>
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
<b>Signature of Executive Director</b> <i>Karl C. [Signature]</i>		<b>Date:</b> 10/1/2008		<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>								
<b>PHA Name:</b> Athens Metropolitan Housing Authority		<b>Grant Type and Number</b> CFP Grant No.: OH16P04150106 CFFP (Yes/No): RHF Grant No.:			<b>Federal FFY of Grant:</b> 2006			
<b>Development Number/ Name/PHA-wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised<sup>1</sup></b>	<b>Funds Obligated<sup>2</sup></b>	<b>Funds Expended<sup>2</sup></b>	
PHA -wide	Operations	1406		\$3,000.00	\$0.00	\$3,000.00	\$3,000.00	completed
PHA-wide	Contracting Services	1408		\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	completed
PHA-wide	Architect Fees & Costs	1430		\$9,957.00	\$0.00	\$9,957.00	\$9,957.00	completed
PHA-wide	Administrations	1410		\$3,574.00	\$0.00	\$3,574.00	\$3,574.00	completed
PHA-wide	Bathrm Sinks,Faucets&Sup.	1460	126	\$40,000.00	\$0.00	\$40,000.00	\$10,460.67	in progress
PHA-wide	10 Year Smoke Detectors	1460	142	\$9,000.00	\$0.00	\$9,000.00	\$9,000.00	completed
OH041-001	Interior Lights	1460	401	\$21,000.00	\$0.00	\$21,000.00	\$21,000.00	completed
OH041-001	Receptical Replacement	1460	1100	\$28,000.00	\$0.00	\$28,000.00	\$28,000.00	completed
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$124,531.00	\$0.00	\$124,531.00	\$94,991.67	

<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>					
<b>PHA Name:</b>  Athens Metropolitan Housing Authority				<b>Federal FFY of Grant:</b>  2006	
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	7/17/2008	7/17/2008	7/17/2010	7/17/2010	
PHA-wide	7/17/2008	7/17/2008	7/17/2010	7/17/2010	
PHA-wide	7/17/2008	7/17/2008	7/17/2010	7/17/2010	
PHA-wide	7/17/2008	7/17/2008	7/17/2010	7/17/2010	
PHA-wide	7/17/2008	7/17/2008	7/17/2010	7/17/2010	
PHA-wide	7/17/2008	7/17/2008	7/17/2010	7/17/2010	
OH041-001	7/17/2008	7/17/2008	7/17/2010	7/17/2010	
OH041-001	7/17/2008	7/17/2008	7/17/2010	7/17/2010	

<sup>1</sup> Obligation and expenditure end dates 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:</b>  Athens Metropolitan Housing Authority		<b>Grant Type and Number</b> CFP Grant No: OH16P041501-07 Date of CFFP: _____		RHF Grant No: _____	<b>FFY of Grant:</b> 2007 <b>FFY of Grant Approval:</b> 2007
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: _____)					
<input checked="" 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
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$7,000.00	\$5,533.00	\$5,533.00	\$5,533.00
3	1408 Management Improvements	\$10,000.00	\$17,980.00	\$17,980.00	\$17,980.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$10,000.00	\$10,000.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$93,957.00	\$93,957.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	<b>Amount of Annual Grant: (sum of lines 2-19)</b>	<b>\$120,957.00</b>	<b>\$127,470.00</b>	<b>\$23,513.00</b>	<b>\$23,513.00</b>
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
<b>Signature of Executive Director</b> 		<b>Date:</b> 10-1-2008		<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>					
<b>PHA Name:</b>  Athens Metropolitan Housing Authority				<b>Federal FFY of Grant:</b>  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	
OH041-000001P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	
OH041-000002P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	
OH041-000001P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	
OH041-000002P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	
OH041-000001P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	
OH041-000001P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	
OH041-000001P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	
OH041-000001P	9/12/2009	9/12/2009	9/12/2011	9/12/2011	

<sup>1</sup> Obligation and expenditure end dates 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:</b>  Athens Metropolitan Housing Authority		<b>Grant Type and Number</b> CFP Grant No: OH16P041501-08 RHF Grant No: Date of CFFP: _____		<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: ) <input checked="" 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
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
3	1408 Management Improvements	\$17,980.00	\$17,980.00	\$17,980.00	\$17,980.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$10,000.00	\$10,000.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$94,490.00	\$91,818.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstratoin	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	<b>Amount of Annual Grant: (sum of lines 2-19)</b>	<b>\$127,470.00</b>	<b>\$124,798.00</b>	<b>\$22,980.00</b>	<b>\$22,980.00</b>
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
<b>Signature of Executive Director</b> <i>Karel C. Osburn</i>		<b>Date:</b> 10/1/2008		<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>								
<b>PHA Name:</b> Athens Metropolitan Housing Authority		<b>Grant Type and Number</b> CFP Grant No.: OH16P04150108 RHF Grant No.: CFFP (Yes/No):			<b>Federal FFY of Grant:</b> 2008			
<b>Development Number/ Name/PHA-wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised<sup>1</sup></b>	<b>Funds Obligated<sup>2</sup></b>	<b>Funds Expended<sup>2</sup></b>	
OH041-000001P	Operations	1406		\$3,098.00	\$3,098.00	\$3,098.00	\$3,098.00	completed
OH041-000001P	Contracting Services	1408		\$11,820.00	\$11,820.00	\$11,820.00	\$11,820.00	completed
OH041-000001P	Architect Fees and Costs	1430		\$6,700.00	\$6,700.00	\$0.00	\$0.00	in progress
OH041-000001P	Shower Vavles & Supplies	1460	57	\$18,279.00	\$17,833.00	\$0.00	\$0.00	in progress
OH041-000001P	Commodos & Supplies	1460	71	\$30,565.00	\$30,119.00	\$0.00	\$0.00	in progress
OH041-000001P	Kitchen Faucets & Valves	1460	44	\$11,790.00	\$11,348.00	\$0.00	\$0.00	in progress
OH041-000002P	Operations	1406		\$1,902.00	\$1,902.00	\$1,902.00	\$1,902.00	completed
OH041-000002P	Contracting Services	1408		\$6,160.00	\$6,160.00	\$6,160.00	\$6,160.00	completed
OH041-000002P	Architect Fees and Costs	1430		\$3,300.00	\$3,300.00	\$0.00	\$0.00	in progress
OH041-000002P	Kitchen Faucets & Valves	1460	27	\$7,235.00	\$6,789.00	\$0.00	\$0.00	in progress
OH041-000002P	Storm Doors	1460	54	\$15,212.00	\$14,766.00	\$0.00	\$0.00	in progress
OH041-000002P	Entrance Door Locks	1460	81	\$11,409.00	\$10,963.00	\$0.00	\$0.00	in progress
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				<b>\$127,470.00</b>	<b>\$124,798.00</b>	<b>\$22,980.00</b>	<b>\$22,980.00</b>	

<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>					
<b>PHA Name:</b>  Athens Metropolitan Housing Authority					<b>Federal FFY of Grant:</b>  2008
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	
OH041-000001P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000001P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000001P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000001P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000001P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000001P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000002P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000002P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000002P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000002P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000002P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	
OH041-000002P	6/12/2010	6/12/2010	6/12/2012	6/12/2012	

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