

- ROSS Elderly Grant

Promote self-sufficiency and asset development of assisted households:

- Increase the number and percentage of employed persons in assisted families
- Provide or attract supportive services to improve assistance recipients' employability
- Provide or attract supportive services to increase independence for the elderly or families with disabilities
- Continuum of Care

Ensure equal opportunity and affirmatively further fair housing:

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

VIOLENCE AGAINST WOMEN –

ACOP:

KHRA strives to meet the needs of adult and child victims of domestic violence, dating violence, sexual assault, and stalking. Any applicant who can provide verification of an existing abuse situation may qualify for a preference.

In accordance with the Violence Against Women Act (VAWA), KHRA will not evict a resident who is a certified victim of an actual or threatened incident of domestic abuse as defined by the Act. Also, KHRA will not evict a resident who is a certified victim for criminal activity that is directly related to domestic abuse. However, KHRA may evict the perpetrator. Also, KHRA may evict a resident who is a victim if there is an actual and immediate threat of harm to others or for other lease violations not based on domestic abuse.

KHRA will give a resident 14 business days after written request to certify victim status either by (1) completing and submitting to KHRA HUD certification form 50066 (which is available at the rental office); or (2) providing KHRA with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim (you or another member of your immediate family) has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse (this certification must be sworn under penalty of perjury); or (3) producing a Federal, State or local police or court record.

Section 8 Administrative Plan:

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

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 applicant must submit the required documentation with her or his request for an informal review (see section 16-III.D) or must request an extension in writing at that time. If the applicant so requests, the PHA will grant an extension of 10 business days, and will postpone scheduling the applicant's informal review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the PHA determines the family is eligible for assistance, no informal review will be scheduled and the PHA will proceed with admission of the applicant family.

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the PHA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the assisted housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>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.</p> <ul style="list-style-type: none"> • Main Administrative Office, 906 E Sevier Ave, Kingsport, TN • Web Site: www.kingsporthousing.org
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7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Status of HOPE VI revitalization grant:</p> <ul style="list-style-type: none"> • Activities pursuant to an approved Revitalization Plan underway • Do not plan to apply for a HOPE VI Revitalization Grant in the Plan Year • Do plan to engage in mixed-finance development activities for public housing in the Plan Year (Riverview Apartments) • Will be conducting other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement <p>Mixed Finance:</p> <p>In 2008 As part of the KHRA HOPE VI application, we successfully applied for Low Income Housing Tax Credits for 38 units. We were awarded \$4.84 million of tax credits. We are currently negotiating the sale of the tax credits to an investor.</p> <p>In 2009 We are also working to develop an additional seven units of Homeownership utilizing the Replacement Housing Factor fund.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Demolition/Disposition Activity Description</th> </tr> </thead> <tbody> <tr> <td>1a. Development name: Riverview Apartments 1b. Development (project) number: TN006-002 and TN006-003</td> </tr> <tr> <td>2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/></td> </tr> <tr> <td>3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/></td> </tr> <tr> <td>4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY) 10/4/06</u></td> </tr> <tr> <td>5. Number of units affected: 92</td> </tr> <tr> <td>6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development</td> </tr> <tr> <td>7. Timeline for activity: a. Actual or projected start date of activity: 7/1/08 b. Projected end date of activity: 7/1/09</td> </tr> </tbody> </table> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Demolition/Disposition Activity Description</th> </tr> </thead> <tbody> <tr> <td>1a. Development name: Riverview Apartments 1b. Development (project) number: TN006-002 and TN006-003</td> </tr> <tr> <td>2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/></td> </tr> <tr> <td>3. Application status (select one) 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: <u>(DD/MM/YY) 10/4/06</u></td> </tr> <tr> <td>5. Number of units affected: 92</td> </tr> <tr> <td>6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development</td> </tr> <tr> <td>7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity: 12/12/08</td> </tr> </tbody> </table>	Demolition/Disposition Activity Description	1a. Development name: Riverview Apartments 1b. Development (project) number: TN006-002 and TN006-003	2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY) 10/4/06</u>	5. Number of units affected: 92	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: 7/1/08 b. Projected end date of activity: 7/1/09	Demolition/Disposition Activity Description	1a. Development name: Riverview Apartments 1b. Development (project) number: TN006-002 and TN006-003	2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" 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: <u>(DD/MM/YY) 10/4/06</u>	5. Number of units affected: 92	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: b. Projected end date of activity: 12/12/08
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Voluntary Conversion of Public Housing Developments

Required Initial Assessment (originally signed 1/14/03)

As required by 24 CFR parts 972 – Conversion of Public Housing to Tenant-Based Assistance, we have:

1. Reviewed each development's operation as public housing;
2. Considered the implications of converting the public housing to tenant-based assistance; and
3. Concluded that the conversion of the development may be:
 - Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

Necessary conditions for voluntary conversion:

- Not be more expensive than continuing to operate the development (or portion of it) as public housing;
- Principally benefit the residents of the public housing development to be converted and the community; and
- Not adversely affect the availability of affordable housing in the community.

Development Number/Name	Development Exempted?	Exemption Reason	Conversion Appropriate?
TN006-01 Robert E Lee Apartments	No	N/A	No
TN006-02 Riverview Apartments	No	N/A	No
TN006-03 Riverview Apartments	No	N/A	No
TN006-04 Frank L Cloud Apartments	No	N/A	No
TN006-07 Dogwood Terrace Apartments	No	N/A	No
TN006-09 Holly Hills Apartments	No	N/A	No
TN006-11 Tiffany Court Apartments	No	N/A	No

Kingsport Housing & Redevelopment Authority has assessed the viability of voluntary conversion of public housing developments to Section 8 Tenant-Based Assistance. We have determined that this voluntary conversion does not meet the necessary conditions and would be inappropriate. Conversion to Section 8 would be more expensive to operate than public housing. These calculations are part of the documentation required for our agency plan for the year starting April 1, 2003. Additionally, we feel the conversion of these units would not principally benefit the residents and community. Also, it would possibly negatively affect the availability of affordable housing in the community.

Section 8 Homeownership Capacity Statement

Kingsport Housing & Redevelopment Authority has developed capacity in the Section 8 Homeownership Program. We feel we have demonstrated the capacity to administer this program due to the following reasons.

First, we currently administer 1,242 units of Section 8 Tenant-Based Assistance with over 25 years of experience.

Second, we are administering 105 Family Self-Sufficiency Vouchers with 43 having contributions to their escrow accounts.

Third, a review in 2001 of the Section 8 program participant's income level indicated 81 families that meet the initial income level for homeownership eligibility. We have surveyed these families and a number expressed interest in homeownership and are enrolled in Family Self Sufficiency.

Fourth, Kingsport Housing & Redevelopment Authority has completed administering the financial part of the homeownership program sponsored by the Greater Kingsport Alliance for Development. This fund has financed down payment and closing costs that have led to the purchase of over forty homes.

Fifth, Kingsport Housing & Redevelopment Authority continues to work in partnership with the local legal services office on this program. Kingsport Housing & Redevelopment Authority will make the program known to potential homeowners and Legal Services will provide counseling. Kingsport Housing & Redevelopment Authority has revised the Section 8 Administrative Plan concerning Homeownership.

Lastly, Kingsport Housing & Redevelopment Authority is working with Eastern Eight Community Development Corporation on the implementation of our Homeownership Program. Currently, 48 FSS participants attended an Eastern Eight Homeownership Training Class.

To date, KHRA has closed on 24 homes. Our goal for calendar year 2009 is to close an additional 24 homes.

Project Based Vouchers

In 2008, KHRA Board of Commissioners authorized the staff to project-base up to 10% of KHRA's 1,242 tenant-based vouchers. A Request for Proposals was issued and applications were submitted. Four developments requesting 74 units for elderly and disabled families and individuals were selected to be project-based. Additional proposals will be considered until a total of 124 units are project-based.

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. 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> <ul style="list-style-type: none"> • HUD-50075.1 CFP 501-06 P&E 9/30/08 (tn006c03.pdf) • HUD-50075.1 CFP 501-07 P&E 9/30/08 (tn006d03.pdf) • HUD-50075.1 CFP 501-08 P&E 9/30/08 (tn006e03.pdf) • HUD-50075.1 CFP 501-09 AMP 1 Original Annual Statement (tn006f03.pdf) • HUD-50075.1 CFP 501-09 AMP 2 Original Annual Statement (tn006g03.pdf) • HUD-50075.1 CFP 501-09 AMP 3 Original Annual Statement (tn006h03.pdf) • HUD-50075.1 CFP 501-09 Overall Original Annual Statement (tn006i03.pdf)
8.2	<p>Capital Fund Program Five-Year Action Plan. 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> <ul style="list-style-type: none"> • HUD-50075.2 AMP 1 (tn006j03.pdf) • HUD-50075.2 AMP 2 (tn006k03.pdf) • HUD-50075.2 AMP 3 (tn006l03.pdf) • HUD-50075.2 Overall (tn006m03.pdf)
8.3	<p>Capital Fund Financing Program (CFFP). <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 Housing Needs. 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.

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1531		500
Extremely low income <=30% AMI	1383	90	
Very low income (>30% but <=50% AMI)	135	9	
Low income (>50% but <80% AMI)	12	1	
Families with children	388	73.81	
Elderly families	4	0.26	
Families with Disabilities	9	0.59	
Race/ethnicity White	1367	89.29	
Race/ethnicity Black	158	10.32	
Race/ethnicity Asian	1	0.07	
Race/ethnicity Other	5	0.33	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists

Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	414		754
Extremely low income <=30% AMI	373	90.0	
Very low income (>30% but <=50% AMI)	38	9.0	
Low income (>50% but <80% AMI)	3	1.0	
Families with children	90	21.74	
Elderly families	3	0.72	
Families with Disabilities	2	0.48	
Race/ethnicity White	354	85.51	
Race/ethnicity Black	58	14.01	
Race/ethnicity Other	2	0.48	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	213	51.45	168
2 BR	131	31.64	398
3 BR	63	15.22	165
4 BR	7	1.69	21
5 BR	0	0	2
5+ BR	0	0	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

<p>9.1</p>	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Maximize the number of affordable units available within current resources by:</p> <ul style="list-style-type: none"> • Employ effective maintenance and management policies to minimize the number of public housing units off-line • Reduce turnover time for vacated public housing units • Reduce time to renovate public housing units • Seek replacement of public housing units lost to the inventory through mixed finance development • Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources • Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction • Undertake measures to ensure access to affordable housing among assisted families, regardless of unit size required • Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration • Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program • Participate in the Consolidated Plan development process to ensure coordination with broader community strategies <p>Increase the number of affordable housing units by:</p> <ul style="list-style-type: none"> • Apply for additional section 8 units should they become available (Family Unification Program) • Leverage affordable housing resources in the community through the creation of mixed - finance housing • Pursue housing resources other than public housing or Section 8 tenant-based assistance. • Continuum of Care; Eastern 8 Community Development Corporation <p>Target available assistance to families at or below 30% of AMI:</p> <ul style="list-style-type: none"> • Employ admissions preferences aimed at families with economic hardships • Adopt rent policies to support and encourage work • CSS in HOPE VI <p>Target available assistance to families at or below 50% of AMI:</p> <ul style="list-style-type: none"> • Employ admissions preferences aimed at families who are working • Adopt rent policies to support and encourage work • CSS in HOPE VI <p>Target available assistance to the elderly:</p> <ul style="list-style-type: none"> • Apply for special-purpose vouchers targeted to the elderly, should they become available <p>Target available assistance to Families with Disabilities:</p> <ul style="list-style-type: none"> • Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing • Apply for special-purpose vouchers targeted to families with disabilities, should they become available • Affirmatively market to local non-profit agencies that assist non-profit agencies that assist families with disabilities <p>Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:</p> <ul style="list-style-type: none"> • Affirmatively market to races/ethnicities shown to have disproportionate housing needs <p>Conduct activities to affirmatively further fair housing:</p> <ul style="list-style-type: none"> • Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units • Market the section 8 program to owners outside of areas of poverty/minority concentrations <p>Reasons for selecting strategies:</p> <ul style="list-style-type: none"> • Funding constraints • Staffing constraints • Limited availability of sites for assisted housing • Extent to which particular housing needs are met by other organizations in the community • Evidence of housing needs as demonstrated in the Consolidated Plan and other information available • Results of consultation with local or state government • Results of consultation with residents and the Resident Advisory Boards • Results of consultation with advocacy groups
<p>10.0</p>	<p>Additional Information. 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> <p style="text-align: center;">Progress Report</p> <p>Kingsport Housing & Redevelopment Authority continues to make progress in meeting our goals embodied in our Annual Plan and Five Year Plan. We continue to operate our Public Housing units as a High Performer, earning a score of 96. We are initiating community revitalization for the Riverview Apartments and surrounding area. This is exhibited by the application and successful</p>

funding from HOPE VI, redevelopment of dilapidated commercial areas, rehabilitation and recreation center and demolition and replacement of 92 units of public housing. The FSS program is continuing to make progress with two graduates this year.

The SEMAP score was 96 for FYE 3/31/08. The tenant based voucher program has a baseline of 1,242 units. We continued to receive funding for a Family Self Sufficiency Coordinator and FSS Homeownership Consultant. We have 88 FSS participants and had 21 homeownership closings. We have 11 HCV participants and two PH participants credit-ready and two HCV participants ready to close. The unavailability of down payment and closing cost funding has slowed progress in homeownership. Also, KHRA was required to discontinue the Success Rate Payment Standards, which has reduced the amount of mortgage funding.

The Shelter Plus Care program continues to operate three increments plus bonus funding. A potential of 100 individuals may be assisted when all increments are fully implemented. We received funding for Supportive Housing Program for an additional 20 participants. Also, KHRA operates a HOPWA program that will house approximately 50 families. KHRA worked with Frontier Health to coordinate supportive service and Section 8 assistance for persons under case management for a mental health disability. Project based Section 8 funding (from our tenant based program) was approved for four developments covering 74 units in three counties.

The partnership with Eastern Eight Community Development Corp continues providing homeownership training, counseling and mortgage financing assistance. We also continue to work with USDA Agriculture division in Greeneville, utilizing their financing for ten homes in our homeownership program.

The Division of Mental Retardation Services has continued the inspection contract/services provided by KHRA. The program has expanded to cover 17 counties consisting of over 300 homes.

The George Washington School Annex application for 54 units of senior housing funded through the Low Income Housing Tax Credit program was funded, completed and opened November 16, 2007. Greater Kingsport Alliance for Development (GKAD) assisted with the transfer of the surplus property from the City of Kingsport to the developer and acted as the not-for-profit sponsor in application for a grant and below market-rate interest loan through the Federal Home Loan Bank. Additionally, GKAD was the sponsor for Federal Home Loan Bank financing that helped build 72 units of affordable housing in Greeneville. Both George Washington School Apartments and Greeneville properties utilize Section 8 Housing Choice Vouchers.

The Weed & Seed grant received by South Central Community Development Corp, Inc is being facilitated by KHRA staff. The \$200,000 grant funds police, after school, summer youth and safe haven programs in the target area that includes Lee Apartments and Riverview Apartments.

We have continued our support for the VISTA program with four VISTA members. The Community Cares program has been expanded with two service providers. The Boys & Girls Club satellite centers continue to provide services in Riverview, Cloud (AMP TN006-2) and Holly Hills (AMP TN006-3). Lee Family Learning Center (LFLC) continued to be funded by CDBG, and a grant was received from the Tennessee Commission on Children & Youth (TCCY) for a Girls Circle program. Unfortunately, the One Room Drop In School funded by Kingsport City Schools and the State of Tennessee was discontinued.

During the recent year, we were awarded two ROSS grants. One for development of elderly services for \$250,000 over three years. The other is for Public Housing Homeownership activity, also for three years for \$250,000.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Kingsport Housing & Redevelopment Authority will consider the following to be significant amendments or modifications:

- Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

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

11.0 Required Submission for HUD Field Office Review. 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. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

- Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
- Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
- Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
- Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
- 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.
- Challenged Elements
- Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

Certifications (**tn006a03.pdf**)

- HUD-50070 Certification for a Drug-Free Workplace

- HUD-50071 Certification of Payments to Influence Federal Transactions
- HUD-50075 Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan
- HUD-50077 PHA Certifications of Compliance with PHA Plans and Related Regulations
- SF-LLL Disclosure of Lobbying Activities

Resident Advisory Board (RAB) Comments (**tn006b03.pdf**)

HUD-50075.1 CFP 501-06 P&E 9/30/08 (**tn006c03.pdf**)

HUD-50075.1 CFP 501-07 P&E 9/30/08 (**tn006d03.pdf**)

HUD-50075.1 CFP 501-08 P&E 9/30/08 (**tn006e03.pdf**)

HUD-50075.1 CFP 501-09 AMP 1 Original Annual Statement (**tn006f03.pdf**)

HUD-50075.1 CFP 501-09 AMP 2 Original Annual Statement (**tn006g03.pdf**)

HUD-50075.1 CFP 501-09 AMP 3 Original Annual Statement (**tn006h03.pdf**)

HUD-50075.1 CFP 501-09 Overall Original Annual Statement (**tn006i03.pdf**)

HUD-50075.2 Five Year Plan AMP 1 (**tn006j03.pdf**)

HUD-50075.2 Five Year Plan AMP 2 (**tn006k03.pdf**)

HUD-50075.2 Five Year Plan AMP 3 (**tn006l03.pdf**)

HUD-50075.2 Five Year Plan Overall (**tn006m03.pdf**)

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
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.

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Kingsport Housing & Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

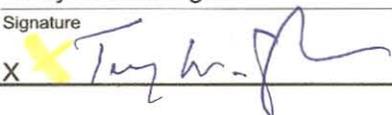
2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

- AMP 1: TN6-001 Robert E Lee Apts, 671 Dale St, Kingsport TN 37660
- AMP 1: TN6-011 Tiffany Court Apts, 3125 Tiffany Ct, Kingsport TN 37663
- AMP 2: TN6-004 Frank L Cloud Apts, 1100 Robertson St, Kingsport TN 37660
- AMP 3: TN6-007 Dogwood Terrace Apts, 1921 Bowater Dr, Kingsport TN 37660
- AMP 3: TN6-009 Holly Hills Apts, 3601 Watterson St, Kingsport Tn 37660

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Terry W Cunningham	Title Executive Director
Signature 	Date 1/12/09

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Kingsport Housing & Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Terry W Cunningham

Title

Executive Director

Signature

Date (mm/dd/yyyy)

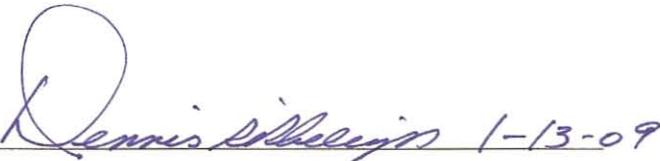
1/12/09

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

**Certification by State or Local Official of PHA Plans Consistency with
the Consolidated Plan**

I, Dennis Phillips the Mayor certify
that the Five Year and Annual PHA Plan of the Kingsport Housing & Redevelopment Authority is
consistent with the Consolidated Plan of City of Kingsport prepared
pursuant to 24 CFR Part 91.


Dennis Phillips 1-13-09

Signed / Dated by Appropriate State or Local Official

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning / / hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Kingsport Housing & Redevelopment Authority TN006

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20⁰⁹ - 20¹³

Annual PHA Plan for Fiscal Years 20__ - 20__

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

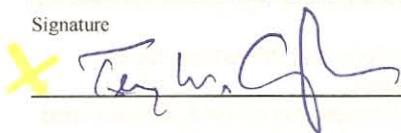
Name of Authorized Official

Terry W Cunningham

Title

Executive Director

Signature



Date

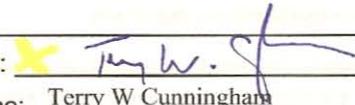
1/12/09

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: US Dept of Housing & Urban Development	7. Federal Program Name/Description: Capital Fund Program CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Terry W Cunningham</u> Title: <u>Executive Director</u> Telephone No.: <u>423-392-2513</u> Date: <u>1/12/09</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Resident Advisory Board Recommendations

Public Housing RAB:

Each year the Resident Advisory Board (RAB) meets to comment on proposed changes and status of the Public Housing Authority's Annual Plan. This year the Public Housing RAB met on Monday, November 10th, for approximately 3 ½ hours to discuss the Plan and their suggestions, comments, and observations follow.

1. **Use of the Community Rooms:** There continue to be problems with use of the community rooms, in particular, between scheduled events on the Public Housing Management Calendar and those on the Public Housing Resident Council Calendar. Since community rooms are the responsibility of the Tenant Organizations, we feel it would be helpful if the Public Housing Management would check with our scheduling before they make provisions for use of the room and/or the tables and chairs.

Community Room Usage Policy. There is a policy concerning Community Room use, particularly regarding how to reserve the Community Rooms. We will review this policy with Housing Management staff to ensure understanding of it and compliance with it. We appreciate our Resident Associations assisting with the Community Rooms. Also, we will purchase additional tables and chairs in order to limit the necessity of moving them around from one site to another.

2. **Site Based Management.** The move to site based management has been fairly smooth. Last year we commented that the site managers needed to be more visible in the neighborhoods and that is slowly happening. This has helped in making the tenant areas more safe and the site managers more in touch with the neighborhoods. This has also allowed for rental payment on the site rather than having to go to the main office, another suggestion we made last year. Both have worked out very well. We thank you.

We will continue to improve our site-based management activities. We will review the staffing of each neighborhood in order to provide more visibility. We appreciate the feedback concerning site based management and how accepting rent payments at the site office is working out.

3. **Safety.** The continued cooperation and work of the community police force and the KHRA along with the installation of cameras, has been effective. We thank the Housing Authority and the Police Department for working so well together and urge them to continue to do so. We will do all we can as residents to make our neighborhoods safe.

The safety of our public housing is a priority of KHRA. At the request of many residents, we are continuing to implement security cameras. Currently, they are in operation at Riverview, Lee and Cloud Apartments. Cameras are being installed in Holly Hills and Dogwood Terrace. We are developing a plan for Tiffany Court, Holston Terrace and Green Valley Manor. We believe the safety of our neighborhoods depends on how well our residents, staff and Kingsport Police Department work together. During this year, there were a number of situations resolved because these essential elements worked together.

4. **Maintenance.** Maintenance has continued to improve as has lawn mowing. One problem that remains: stray cats. These cats exist all over, and while some belong to the tenants, many do not. They seem to be proliferating very rapidly and we would urge the Housing Authority Board to work with the City on the removal of these animals. They are cause for increased flea incidents throughout our neighborhoods and increased possibility of rabies. We urge the Housing Authority to make all efforts they can to work towards dealing with this health hazard.

We continue to work on having an effective and efficient means of delivering maintenance services and appreciate your comments. The issue of stray cats is more than just a maintenance one. We are very concerned about this problem and are working with Animal Control about it. We are working with pest control contractors to prevent pest outbreaks.

5. **Communications.** Communications are good between site managers and the residents. Particularly good is when residents are notified when the exterminator will be there and when they can expect their filters to be replaced. This works well to accommodate everyone's schedule.

The increased effectiveness in communications is the result of initiative by our housing management staff and adapting site based management strategies.

6. **Unregistered Tenants.** Last year the RAB made some comments regarding tenants who are not on the lease and occupying units in the Housing Authority. The RAB wishes to continue to work with the Housing Authority on this, while realizing that the Housing Authority's response has been better this past year.

Dealing with unauthorized persons residing in public housing has been a high priority this year. This is a difficult problem to solve. One reason for improvement is due to cooperation from residents in letting us know about the problem.

7. **Capital Improvements.** The schedule of capital improvements submitted by the Housing Authority has been discussed by the RAB numerous times over the year. Of course, many of us would like things to move faster but we understand the funding constraints, and we agree with the scheduled capital expenditures laid out in the Housing Authority's plan.

We will work to implement the Capital Fund Program as quickly as we are able. Thank you for your input over this year.

8. **Good Neighbor Policy and Self-Sufficiency Lease Addendum.** After reviewing the proposed Good Neighbor Policy and Self-Sufficiency Lease Addendum, and discussing them, we support their adoption.

We appreciate the RAB's input and support of the Good Neighbor Policy and Self Sufficiency Lease Addendums.

9. **Resident on KHRA Board.** It has come to the attention of the RAB that there is no current resident of public housing serving on the KHRA board. While we are aware that the mayor appoints the representative, we would hope he would pick from the elected leaders of the residents. As those leaders, we would suggest Sandra Bly be appointed.

Ms Nedra Griffin was appointed to the KHRA Board when she was a Public Housing resident at Dogwood Terrace. Ms Griffin then moved to the Section 8 Housing Choice Voucher Program, participating in the Family Self Sufficiency Program. During the last year, she completed her FSS goals and is no longer receiving housing assistance from KHRA. The status of Ms. Griffin was reviewed with the HUD Field Office in Knoxville, and it was confirmed that KHRA is in compliance with Ms. Griffin while she completes her term. At that time, a new appointment would need to be made by the Mayor. The suggestion of the RAB will be passed on to the Mayor.

We thank you very much for your consideration of our comments. In looking back over our comments in the past, it appears we have a good working relationship in that many of our suggestions have been taken and have worked very well. We look forward to working with you on these current issues and those of the future.

We thank the Public Housing Resident Advisory Board and Mr Tim Matheson of Legal Aide of East Tennessee for their participation in the Agency Plan preparation.

Sincerely,

SANDRA BLY *Sandra Bly*
ARLENA LOVIN *Arlena Lovin*
FAYE REID *Faye Reed*
WILLIE OVERBAY *Willie Overbay*
DEBBIE CASH *Deborah L Cash*
MARY BEATTY *Mary E. Beatty*

Section 8 RAB:

The Section 8 Resident Advisory Board met on Tuesday, November 11, 2008, to discuss the KHRA Proposed Annual Plan. After presentation by the Executive Director, Terry Cunningham, explanations by Nathan Blye, and discussion on various topics, the RAB has the following comments to make.

1. For two years the RAB has urged the KHRA to continue its work towards more in-home services for the elderly and more assisted living in the community. This is to allow the elderly to remain in their homes longer and not have to go to nursing homes. The George Washington School was an effort in this direction as are the Ross and Vista Grants currently under way. We urge the KHRA to continue to work with others across the state to push for programs that allow senior citizens to remain in their homes as long as possible and not have to go to a nursing home. We thank you for your past efforts in this regard and urge continued commitment.

KHRA has been successful in developing elderly services for public housing and Holston Terrace. These are federally funded. Currently, there are no federal or state funding sources to expand these services to Section 8 Housing Choice Voucher participants. George Washington School Apartments has added senior housing to the community in proximity to many existing services. We are working with the statewide Affordable Housing Coalition on developing housing opportunities.

2. **Admissions.** Last year we suggested that during the admissions process, applicants be told at the outset of the possible need to be fingerprinted. That policy was instituted and has been very successful in cutting down the duplicative effort of processing many applications. We thank you for your consideration in this matter.

Administrative adjustments have led to a more timely processing of background information. This helps the program participants and residents.

3. **Crime.** Crime continues to be a problem. We thank the Housing Authority for its cooperation with the police in installing more cameras around the city. We urge KHRA to make efforts to increase the coverage of South Central Development Corporation to include bordering areas, so as to further this focus on crime. We wish to continue to work with the Housing Authority and the police to work on crime and will do all we can to work with them to help make our neighborhoods safer.

We have increased the number of public housing communities with surveillance cameras. We will discuss with South Central Kingsport Community Development Inc Board and Weed & Seed Committee about an increase in neighborhood areas for the Weed & Seed Program.

4. **Lease-to-Own Home Ownership.** In the past, the RAB has praised the Housing Authority for its efforts on behalf of home ownership, and we continue to do so. However, this year KHRA has been approached by a non-profit and a for profit landlord to allow renters to have home ownership option on their properties. While we are all in favor of increased access to home ownership, we feel that no additional steps should be taken at this time until a full evaluation of these proposals can be done. Until then only those entities currently approved as sellers for home ownership by the KHRA should be allowed to receive payment through the Kingsport Housing and Redevelopment Authority FSS Voucher System.

The main considerations in our discussion were:

- 1) Making sure there was an objective appraisal of the value of the property, (that Kingsport Housing Authority had approved the value of the home),
- 2) That the buyer be required to go through home ownership training and the seller be required to pay for it,
- 3) That any financial and legal relationship that existed in the transfer of the sale of the home require that equity vest as time goes along,

- 4) That it be decided who would be responsible for taxes and insurance and the maintenance.
- 5) A very strong concern that a low fixed rate interest rate be mandatory in that the proposed home owner should not be put into these predatory loans if KHRA wants current tenants to be successful homeowners.

There is, in the private sector, a lease-to-own product that is detrimental to home ownership. It has been around Upper East Tennessee for a long time and it does not vest equity in the home owner as they pay, the payments are very high and beyond those affordable by those on vouchers, they require significant down payments that aren't available and the interest rates are exorbitant. It also seems important that the seller be educated on their role in the transaction. It is our belief that the Housing Authority Board should look into these issues, but very, very carefully before proceeding.

However, if some form of private sale can guarantee that the buyer is receiving equity, has homeownership training, is paying a fair price through an objective appraisal for the property, and has a fixed low rate interest rate it would be a great step forward.

One thing seems fundamental. Kingsport Housing Authority should not condone nor promote any other home ownership options other than their current existing Family Self Sufficiency Program until a full examination of the factors in any other type of private sale are examined.

The issues listed above are appreciated. We will continue to review the potential of lease purchase; however, before we commit to a specific process, we need to understand the details completely. We will include Legal Aide of East Tennessee and other interested housing entities in this process.

As in the past, we thank you so much for taking our recommendations into consideration and look forward to working with you on these future issues.

We want to thank each Section 8 Resident Advisory Member and Tim Matheson of Legal Aide of East Tennessee for their work on the Agency Plan.

DONNA DEBIEN



MARY STALLARD

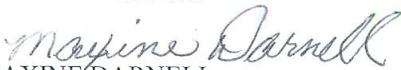


KAREN HICKMAN



CANDY BERNARD

MAXINE DARNELL



VICKIE GIBSON

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

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

Capital Fund Number
 TN37P006501-06

FFY of Grant Approval
 2006

- Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number F
 Performance and Evaluation Report for Program Year Ending 9/30/08 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-	-	-	-
2	1406 Operations	178,968	178,968	178,968	178,968
3	1408 Management Improvements	259,026	259,026	259,026	259,026
4	1410 Administration	74,263	74,263	74,263	74,263
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	50,075	50,075	50,075	50,075
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	57,278	57,278	57,278	57,278
10	1460 Dwelling Structures	235,838	235,838	235,838	235,838
11	1465.1 Dwelling Equipment - Nonexpendable	13,895	13,895	13,895	13,895
12	1470 Nondwelling Structures	8,997	8,997	8,997	8,997
13	1475 Nondwelling Equipment	16,500	16,500	16,500	16,500
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$894,840	894,840	894,840	894,840
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-

Signature of Executive Director and Date

X 

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Terry W. Cunningham, Executive Director

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

² To be completed for the Performance and Evaluation Report.

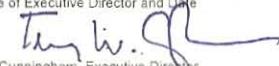
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US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA-Wide Management Improvements	Operations	1406		178,968	178,968	178,968	178,968	C	
	Vista Workers	1408		22,539	22,539	22,539	22,539	C	
	Vista Office Supplies	1408		4,509	4,509	4,509	4,509	C	
	Resident Training	1408		0	0	0	0	C	
	Resident Initiatives Manager	1408		53,292	53,292	53,292	53,292	C	
	Resident Initiatives Supplies	1408		241	241	241	241	C	
	Mgt/Maint Training	1408		10,991	10,991	10,991	10,991	C	
	CFP/Clerical Assistant	1408		14,660	14,660	14,660	14,660	C	
	UPCS Inspection/Services	1408		30,254	30,254	30,254	30,254	C	
	Telecomm/Computer Upgrades/Security Cameras	1408		104,950	104,950	104,950	104,950	C	
	Resident Business Development	1408		0	0	0	0	C	
	HVAC Technical/Services	1408		17,590	17,590	17,590	17,590	C	
					259,026	259,026	259,026	259,026	
	PHA-Wide Administration	Mod Manager/Employee Benefits	1410		69,960	69,960	69,960	69,960	C
Sundry		1410		9	9	9	9	C	
Telephone		1410		1,030	1,030	1,030	1,030	C	
Local Travel		1410		3,264	3,264	3,264	3,264	C	
				\$74,263	\$74,263	\$74,263	\$74,263		
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		11,859	11,859	11,859	11,859	C	
	Inspector / Employee Benefits	1430		38,216	38,216	38,216	38,216	C	
				\$50,075	\$50,075	\$50,075	\$50,075		
PHA Wide Non-Dwelling Equipment	Maint/Mgt Vehicle	1475	2	16,500	16,500	16,500	16,500	C	
				\$16,500	\$16,500	\$16,500	\$16,500		

Signature of Executive Director and Date

X 

1/29/2009

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

Terry W Cunningham, Executive Director

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

form HUD-50075.1 (4/2005)

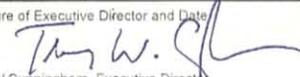
² To be completed for the Performance and Evaluation Report.

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		30,160	30,160	30,160	30,160	C
	Landscaping	1450		20,558	20,558	20,558	20,558	C
	Sidewalks/Parking Lots/Alleys/Streets	1450		1,868	1,868	1,868	1,868	C
	Fence Repairs	1450		1,000	1,000	1,000	1,000	C
	Pest Control	1450		3,692	3,692	3,692	3,692	C
	Playground Improvements	1450		0	0	0	0	C
					57,278	57,278	57,278	57,278
PHA Wide Dwelling Equipment	Refrigerators	1465.1		3,840	3,840	3,840	3,840	C
	Dumpster Repair	1465.1		8,000	8,000	8,000	8,000	C
	ADA Modifications	1465.1		112	112	112	112	C
	Emergency Mold Abatement	1465.1		0	0	0	0	C
	HVAC Equipment	1465.1		1,943	1,943	1,943	1,943	C
				13,895	13,895	13,895	13,895	
TN 37P006001 Lee	Bathroom Tub Replacement/Repair	1460		1,389	1,389	1,389	1,389	C
				1,389	1,389	1,389	1,389	
TN 37P006007 Dogwood	Emergency Water Line Repair/Replacement	1460		6,985	6,985	6,985	6,985	C
				6,985	6,985	6,985	6,985	
TN 37P006009 Holly Hills	Kitchen Cabinets/Counter Tops	1460		220,079	220,079	220,079	220,079	C
	Windows	1460		0	0	0	0	C
	Security Screens	1460		0	0	0	0	C
	Building Lights	1460		7,385	7,385	7,385	7,385	C
					227,464	227,464	227,464	227,464
PHA Wide Non-Dwelling	TN6-1 Parking	1470		0	0	0	0	C
	TN6-1 Comm Bldg Awning	1470		2,769	2,769	2,769	2,769	C
	TN6-7 Comm Bldg Vestibule	1470		6,228	6,228	6,228	6,228	C
				8,997	8,997	8,997	8,997	

Signature of Executive Director and Date
X  **1/29/2009 X**
 Terry W. Cunningham, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

form HUD-50075.1 (4/2008)

Annual Statement /Performance and Evaluation Report US Department of Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011) Exp. 4/30/2011)

Capital Fund Program, Capital Fund Replacement Housing F and Urban Development

Capital Fund Financing Program

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Approved \$ Quarter ending
 Obligate 18 mos after available
 Expend 3 yrs after available

Signature of Executive Director and Date

X  1/29/2009

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

Terry W. Cunningham, Executive Director

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

form HUD-50075.1 (4/2008)

² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
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US Department of Housing
and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

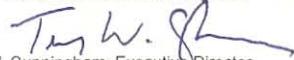
Capital Fund Number
 TN37P006501-07

FFY of Grant Approval
 2007

- Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending 9/30/08 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-	-	-	-
2	1406 Operations	173,600	173,600	173,600	173,600
3	1408 Management Improvements	160,730	160,730	160,730	146,385
4	1410 Administration	\$63,500	63,500	63,500	56,343
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	\$58,000	58,000	58,000	30,527
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	73,998	73,998	73,998	28,506
10	1460 Dwelling Structures	223,443	223,443	223,443	47,872
11	1465.1 Dwelling Equipment - Nonexpendable	18,643	18,643	18,643	16,915
12	1470 Nondwelling Structures	40,000	40,000	40,000	5,125
13	1475 Nondwelling Equipment	30,799	30,799	30,799	30,799
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$842,713	842,713	842,713	536,072
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

² To be completed for the Performance and Evaluation Report.

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name Disasters/Emergencie Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Operations	1406		173,600	173,600	173,600	173,600	C
	Vista Workers	1408		61,500	61,500	61,500	61,500	C
	Vista Office Supplies	1408		5,068	5,068	5,068	5,068	C
	Resident Training	1408		5,000	5,000	5,000	2,618	C
	Resident Initiatives Manager	1408		42,000	42,000	42,000	42,000	C
	Resident Initiatives Supplies	1408		2,000	2,000	2,000	1,037	C
	Mgt/Maint Training	1408		8,000	8,000	8,000	8,000	C
	CFP/Clerical Assistant	1408		12,000	12,000	12,000	12,000	C
	UPCS Inspection/Services	1408		9,013	9,013	9,013	9,013	C
	Telecomm/Computer Upgrades/Security Cameras	1408		5,149	5,149	5,149	5,149	C
	Resident Business Development	1408		1,000	1,000	1,000	0	
	HVAC Technical/Services	1408		5,000	5,000	5,000	0	
	Salary/Wage Study	1408		5,000	5,000	5,000	0	
					160,730	160,730	160,730	146,385
PHA-Wide Administration	Mgd Manager/Employee Benefits	1410		57,000	57,000	57,000	54,042	C
	Sundry	1410		2,500	2,500	2,500	33	
	Telephone	1410		1,500	1,500	1,500	499	
	Local Travel	1410		2,500	2,500	2,500	1,769	
					\$63,500	\$63,500	\$63,500	\$56,343
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		28,000	28,000	28,000	5,955	
	Inspector / Employee Benefits	1430		25,000	25,000	25,000	24,572	C
	Energy Services Contract	1430		5,000	5,000	5,000	0	
					\$58,000	\$58,000	\$58,000	\$30,527
PHA Wide Non-Dwelling Equipment	Maint/Mgt Vehicle	1475		30,799	30,799	30,799	30,799	C
				\$30,799	\$30,799	\$30,799	\$30,799	

Signature of Executive Director and Date

X

Terry W Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name Disasters/Emergencies Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		25,000	25,000	25,000	3,465	
	Landscaping	1450		25,000	25,000	25,000	5,423	
	Sidewalks/Parking Lots/Alleys/Streets	1450		1,000	1,000	1,000	0	
	Fence Repairs	1450		14,050	14,050	14,050	14,050	C
	Pest Control	1450		2,600	2,600	2,600	2,600	C
	Playground Improvements	1450		6,000	6,000	6,000	2,620	
	Security Cameras	1450		348	348	348	348	C
					73,998	73,998	73,998	28,506
PHA Wide Dwelling Equipment	Refrigerators	1465.1		12,000	12,000	12,000	5,550	
	Dumpster Repair	1465.1		1,000	1,000	1,000	0	
	ADA Modifications	1465.1		1,000	1,000	1,000	290	
	Emergency Mold Abatement	1465.1		1,760	1,760	1,760	1,760	C
	HVAC Equipment	1465.1		2,883	2,883	2,883	9,315	C
				18,643	18,643	18,643	16,915	
TN 37P006001 Lee	Interior Doors	1460		0	0.00	0.00	0.00	D
				0	0.00	0.00	0.00	
TN 37P006004 Cloud	Replace Water Valves	1460		45,000	45,000	45,000	0	
	Repair Gym Ceiling	1470		40,000	40,000	40,000	5,125	
				85,000	85,000	85,000	5,125	
TN 37P006007 Dogwood	Replace Windows	1460		78,713	78,713	78,713	0	
	Security Screens	1460		52,000	52,000	52,000	0	
				130,713	130,713	130,713	0	
TN 37P006009 Holly Hills	Kitchen Cabinets/Countertops	1460		42,730	42,730	42,730	42,730	C
				42,730	42,730	42,730	42,730	
TN 37P006011 Tiffany Court	Replace Awnings	1460		5,000	5,000	5,000	5,142	
				5,000	5,000	5,000	5,142	

Signature of Executive Director and Date

X

Terry W Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report US Department of Housing
 Capital Fund Program, Capital Fund Replacement Housing F and Urban Development
 Capital Fund Financing Program

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Office of Public and Indian Housing

Development Number/Name <small>Disasters/Emergencies</small> Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							
			8/28/2008				Approved \$ Quarter ending Obligate 18 mos after available Expend 3 yrs after available
Signature of Executive Director and Date X  1/29/2009			Signature of Public Housing Director/Office of Native American Programs Administrator and Date X				

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

US Department of Housing
and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN37P006501-08

FFY of Grant Approval
2008

- Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number A
 Performance and Evaluation Report for Program Year Ending 9/30/08 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-	-	-	-
2	1406 Operations	182,229	182,229	182,229	182,229
3	1408 Management Improvements	200,000	200,000	200,000	26,870
4	1410 Administration	\$91,114	\$91,114	\$91,114	\$91,114
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	\$53,000	\$53,000	\$53,000	\$2,034
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	44,000	44,000	44,000	3,157
10	1460 Dwelling Structures	283,800	283,800	283,800	-
11	1465.1 Dwelling Equipment - Nonexpendable	14,000	14,000	14,000	142
12	1470 Nondwelling Structures	3,000	3,000	3,000	-
13	1475 Nondwelling Equipment	40,000	40,000	40,000	323
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$911,143	\$911,143	\$911,143	\$305,869
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-

Signature of Executive Director and Date

X 

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Terry W. Cunningham, Executive Director

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² To be completed for the Performance and Evaluation Report.

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Operations	1406		182,229	182,229	182,229	182,229	
	Vista Workers	1408		40,000	40,000	40,000	1,710	
	Vista Office Supplies	1408		4,000	4,000	4,000	1,343	
	Resident Training	1408		5,000	5,000	5,000	452	
	Resident Initiatives Manager	1408		42,000	42,000	42,000	9,958	
	Resident Initiatives Supplies	1408		2,000	2,000	2,000	110	
	Mgt/Maint Training	1408		5,000	5,000	5,000	0	
	CFP/Clerical Assistant	1408		12,000	12,000	12,000	3,705	
	UPCS Inspection/Services	1408		1,000	1,000	1,000	0	
	Telecomm/Computer Upgrades/Security Cameras	1408		70,000	70,000	70,000	9,592	
	Resident Business Development	1408		1,000	1,000	1,000	0	
	HVAC Technical/Services	1408		1,000	1,000	1,000	0	
	Energy Audit	1408		17,000	17,000	17,000	0	
					200,000	200,000	200,000	26,870
PHA-Wide Administration	Administration	1410		91,114	91,114	91,114	91,114	
				\$91,114	\$91,114	\$91,114	\$91,114	
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		28,000	28,000	28,000	0	
	Inspector / Employee Benefits	1430		25,000	25,000	25,000	2,034	
				\$53,000	\$53,000	\$53,000	\$2,034	
PHA Wide Non-Dwelling Equipment	Maint/Mgt Vehicle	1475	2	40,000	40,000	40,000	323	
				\$40,000	\$40,000	\$40,000	\$323	

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		20,000	20,000	20,000	2,881	
	Landscaping	1450		20,000	20,000	20,000	276	
	Sidewalks/Parking Lots/Alleys/Streets	1450		1,000	1,000	1,000	0	
	Fence Repairs	1450		1,000	1,000	1,000	0	
	Pest Control	1450		1,000	1,000	1,000	0	
	Playground Improvements	1450		1,000	1,000	1,000	0	
				44,000	44,000	44,000	3,157	
PHA Wide Dwelling Equipment	Refrigerators	1465.1		10,000	10,000	10,000	0	
	Dumpster Repair	1465.1		1,000	1,000	1,000	142	
	ADA Modifications	1465.1		1,000	1,000	1,000	0	
	Emergency Mold Abatement	1465.1		1,000	1,000	1,000	0	
	HVAC Equipment	1465.1		1,000	1,000	1,000	0	
				14,000	14,000	14,000	142	
TN 37P006001 Lee	Replace Front Storm Doors	1460		18,250	18,250	18,250	0	
TN 37P006004 Cloud	Replace Front Storm Doors	1460		40,150	40,150	40,150	0	
TN 37P006007 Dogwood	Install House Meters	1460		15,000	15,000	15,000	0	
	Install Building Lights	1460		15,000	15,000	15,000	0	
				30,000	30,000	30,000	0	
TN 37P00609 Holly Hills	Replace Roofing & Guttering	1460		190,400	190,400	190,400	0	
TN 37P00611 Tiffany Court	Replace Guttering	1460		5,000	5,000	5,000	0	
TN 37P00601	6-1 Community Building Office Expansion	1470		1,000	1,000	1,000	0	
TN 37P00607	6-7 Community Building Office Expansion	1470		1,000	1,000	1,000	0	
TN 37P00609	6-9 Community Building Office Expansion	1470		1,000	1,000	1,000	0	
				3,000	3,000	3,000	0	

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement /Performance and Evaluation Report US Department of Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Capital Fund Program, Capital Fund Replacement Housing F and Urban Development

Capital Fund Financing Program

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Approved \$ Quarter ending
 Obligate 18 mos after available
 Expend 3 yrs after available

Signature of Executive Director and Date

X

Terry W. Cunningham

Terry W Cunningham, Executive Director

1/29/2009

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

US Department of Housing
and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

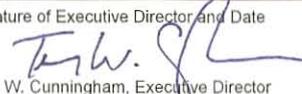
Capital Fund Number
 TN37P006501-09

FFY of Grant Approval
 2009

- Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending _____ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-			
2	1406 Operations	-			
3	1408 Management Improvements	44,900			
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	10,500			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	20,000			
11	1465.1 Dwelling Equipment - Nonexpendable	6,000			
12	1470 Nondwelling Structures	1,000			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1498 Mod Used for Development	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant (Sum of lines 2-19)	\$102,400			
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Compliance	-			
23	Amount of line 20 Related to Security	-			
24	Amount of line 20 Related to Energy Conservation Measures	-			

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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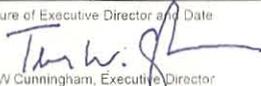
Annual Statement /Performance and Evaluation Report
 Capital Fund Program, Capital Fund Replacement Housing Factor and
 Capital Fund Financing Program

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Vista Workers	1408		13,300				
	Vista Office Supplies	1408		1,300				
	Resident Training	1408		1,600				
	Resident Initiatives Manager	1408		14,000				
	Resident Initiatives Supplies	1408		600				
	Mgt/Maint Training	1408		1,600				
	UPCS Inspection/Services	1408		500				
	Telecomm/Computer Upgrades/Security Cameras	1408		9,000				
	Resident Business Development	1408		500				
	HVAC Technical/Services	1408		500				
	Long Term Asset Management Plan	1408		1,000				
	Salary Wage Study	1408		1,000				
					44,900			
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		10,000				
	Tech Serv Long Term Asset Mgt Plan	1430		500				
					\$10,500			

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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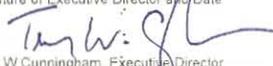
**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program**

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		8,000				
	Landscaping	1450		8,000				
	Sidewalks/Parking Lots/Alleys/Streets	1450		1,000				
	Fence Repairs	1450		1,000				
	Pest Control	1450		1,000				
	Playground Improvements	1450		1,000				
					20,000			
PHA Wide Dwelling Equipment	Refrigerators	1465.1		4,000				
	Dumpster Repair	1465.1		500				
	ADA Modifications	1465.1		500				
	Emergency Mold Abatement	1465.1		500				
	HVAC Equipment	1465.1		500				
				6,000				
TN 37P006001 Lee	Install Covers over Crawlspace Entrances	1460		20,000				
AMP1 6-1	Comm Buildings & Offices Expansion / Renovations / Unexpected Needs Lee Apartments	1470		1,000				
				1,000				

Signature of Executive Director and Date

X 

Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report US Department of Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Capital Fund Program, Capital Fund Replacement Housing F and Urban Development

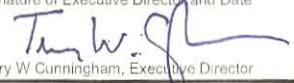
Capital Fund Financing Program

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Approved \$ Quarter ending
 Obligate 18 mos after available
 Expend 3 yrs after available

Signature of Executive Director and Date

X  1/29/2009

Terry W Cunningham, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

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

US Department of Housing
and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

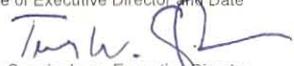
Capital Fund Number
 TN37P006501-09

FFY of Grant Approval
 2009

- Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending _____ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-			
2	1406 Operations	-			
3	1408 Management Improvements	44,900			
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	10,500			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	320,000			
11	1465.1 Dwelling Equipment - Nonexpendable	6,000			
12	1470 Nondwelling Structures	1,000			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1498 Mod Used for Development	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant (Sum of lines 2-19)	\$402,400			
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Compliance	-			
23	Amount of line 20 Related to Security	-			
24	Amount of line 20 Related to Energy Conservation Measures	-			

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

² To be completed for the Performance and Evaluation Report.

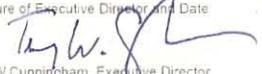
Annual Statement /Performance and Evaluation Report
 Capital Fund Program, Capital Fund Replacement Housing Factor and
 Capital Fund Financing Program

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ³
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Vista Workers	1408		13,300				
	Vista Office Supplies	1408		1,300				
	Resident Training	1408		1,600				
	Resident Initiatives Manager	1408		14,000				
	Resident Initiatives Supplies	1408		600				
	Mgt/Maint Training	1408		1,600				
	UPCS Inspection/Services	1408		500				
	Telecomm/Computer Upgrades/Security Cameras	1408		9,000				
	Resident Business Development	1408		500				
	HVAC Technical/Services	1408		500				
	Long Term Asset Management Plan	1408		1,000				
	Salary Wage Study	1408		1,000				
					44,900			
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		10,000				
	Tech Serv Long Term Asset Mgt Plan	1430		500				
					\$10,500			

Signature of Executive Director and Date

X 

Terry W Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		8,000				
	Landscaping	1450		8,000				
	Sidewalks/Parking Lots/Alleys/Streets	1450		1,000				
	Fence Repairs	1450		1,000				
	Pest Control	1450		1,000				
	Playground Improvements	1450		1,000				
					20,000			
PHA Wide Dwelling Equipment	Refrigerators	1465.1		4,000				
	Dumpster Repair	1465.1		500				
	ADA Modifications	1465.1		500				
	Emergency Mold Abatement	1465.1		500				
	HVAC Equipment	1465.1		500				
				6,000				
TN 37P006004 Cloud	Replace Roofing & Guttering	1460		320,000				
	Comm Buildings & Offices Expansion / Renovations / Unexpected Needs							
AMP2 6-4	Cloud Apartments	1470		1,000				
				1,000				

Signature of Executive Director and Date

X 
Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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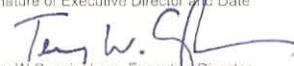
Annual Statement /Performance and Evaluation Report US Department of Housing
 Capital Fund Program, Capital Fund Replacement Housing F and Urban Development
 Capital Fund Financing Program Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Approved \$ Quarter ending
 Obligate 18 mos after available
 Expend 3 yrs after available

Signature of Executive Director and Date

X 

1/29/2009

X

Terry W Cunningham, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

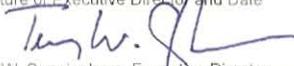
Capital Fund Number
 TN37P006501-09

FFY of Grant Approval
 2009

- Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending _____ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-			
2	1406 Operations	-			
3	1408 Management Improvements	45,700			
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	10,500			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	21,400			
11	1465.1 Dwelling Equipment - Nonexpendable	6,000			
12	1470 Nondwelling Structures	4,000			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1498 Mod Used for Development	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant (Sum of lines 2-19)	\$107,600			
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Compliance	-			
23	Amount of line 20 Related to Security	-			
24	Amount of line 20 Related to Energy Conservation Measures	-			

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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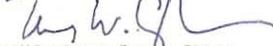
Annual Statement /Performance and Evaluation Report
 Capital Fund Program, Capital Fund Replacement Housing Factor and
 Capital Fund Financing Program

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Vista Workers	1408		13,400				
	Vista Office Supplies	1408		1,400				
	Resident Training	1408		1,800				
	Resident Initiatives Manager	1408		14,000				
	Resident Initiatives Supplies	1408		800				
	Mgt/Maint Training	1408		1,800				
	UPCS Inspection/Services	1408		500				
	Telecomm/Computer Upgrades/Security Cameras	1408		9,000				
	Resident Business Development	1408		500				
	HVAC Technical/Services	1408		500				
	Long Term Asset Management Plan	1408		1,000				
	Salary Wage Study	1408		1,000				
					45,700			
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		10,000				
	Tech Serv Long Term Asset Mgt Plan	1430		500				
					\$10,500			

Signature of Executive Director and Date

X 

Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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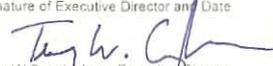
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US Department of Housing
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OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		8,000				
	Landscaping	1450		8,000				
	Sidewalks/Parking Lots/Alleys/Streets	1450		1,000				
	Fence Repairs	1450		1,000				
	Pest Control	1450		1,000				
	Playground Improvements	1450		1,000				
					20,000			
PHA Wide Dwelling Equipment	Refrigerators	1465.1		4,000				
	Dumpster Repair	1465.1		500				
	ADA Modifications	1465.1		500				
	Emergency Mold Abatement	1465.1		500				
	HVAC Equipment	1465.1		500				
				6,000				
TN 37P006007 Dogwood	Replace Window/Security Screens	1460		10,000				
				10,000				
TN 37P00609 Holly Hills	Replace Roofing & Guttering	1460		11,400				
	Comm Buildings & Offices Expansion / Renovations / Unexpected Needs							
AMP3 6-7	Dogwood Terrace Apartments	1470		1,000				
AMP3 6-9	Holly Hills Apartments	1470		1,000				
AMP3 6-9	Administration Building (Main Office)	1470		2,000				
				4,000				

Signature of Executive Director and Date

X 
 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement /Performance and Evaluation Report US Department of Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Capital Fund Program, Capital Fund Replacement Housing F and Urban Development

Capital Fund Financing Program Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Approved \$ Quarter ending
 Obligate 18 mos after available
 Expend 3 yrs after available

Signature of Executive Director and Date

X 

1/29/2009

Terry W Cunningham, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

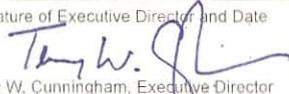
Capital Fund Number
 TN37P006501-09

FFY of Grant Approval
 2009

- Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending _____ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-			
2	1406 Operations	182,229			
3	1408 Management Improvements	135,500			
4	1410 Administration	91,114			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	31,500			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	60,000			
10	1460 Dwelling Structures	361,400			
11	1465.1 Dwelling Equipment - Nonexpendable	18,000			
12	1470 Nondwelling Structures	6,000			
13	1475 Nondwelling Equipment	25,400			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1498 Mod Used for Development	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant (Sum of lines 2-19)	\$911,143			
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Compliance	-			
23	Amount of line 20 Related to Security	-			
24	Amount of line 20 Related to Energy Conservation Measures	-			

Signature of Executive Director and Date

X  Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577 - 0225 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Operations	1406		182,229				
	Vista Workers	1408		40,000				
	Vista Office Supplies	1408		4,000				
	Resident Training	1408		5,000				
	Resident Initiatives Manager	1408		42,000				
	Resident Initiatives Supplies	1408		2,000				
	Mgt/Maint Training	1408		5,000				
	UPCS Inspection/Services	1408		1,500				
	Telecomm/Computer Upgrades/Security Cameras	1408		27,000				
	Resident Business Development	1408		1,500				
	HVAC Technical/Services	1408		1,500				
	Long Term Asset Management Plan	1408		3,000				
	Salary Wage Study	1408		3,000				
				135,500				
PHA-Wide Administration	Administration	1410		91,114				
				\$91,114				
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		30,000				
	Tech Serv Long Term Asset Mgt Plan	1430		1,500				
				\$31,500				
PHA Wide Non-Dwelling Equipment	Maint/Mgt Vehicle	1475		25,400				
				\$25,400				

Signature of Executive Director and Date

X 
 Terry W Cunningham, Executive Director

1/29/2009 X

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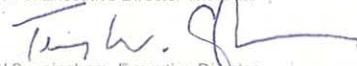
Annual Statement / Performance and Evaluation Report
 Capital Fund Program, Capital Fund Replacement Housing Factor and
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US Department of Housing
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 Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (3/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		24,000				
	Landscaping	1450		24,000				
	Sidewalks/Parking Lots/Alleys/Streets	1450		3,000				
	Fence Repairs	1450		3,000				
	Pest Control	1450		3,000				
	Playground Improvements	1450		3,000				
				60,000				
PHA Wide Dwelling Equipment	Refrigerators	1465.1		12,000				
	Dumpster Repair	1465.1		1,500				
	ADA Modifications	1465.1		1,500				
	Emergency Mold Abatement	1465.1		1,500				
	HVAC Equipment	1465.1		1,500				
				18,000				
TN 37P006001 Lee	Install Covers over Crawlspace Entrances	1460		20,000				
TN 37P006004 Cloud	Replace Roofing & Guttering	1460		320,000				
TN 37P006007 Dogwood	Replace Window/Security Screens	1460		10,000				
				10,000				
TN 37P00609 Holly Hills	Replace Roofing & Guttering	1460		11,400				
Comm Buildings & Offices Expansion / Renovations / Unexpected Needs								
AMP1 6-1	Lee Apartments	1470		1,000				
AMP2 6-4	Cloud Apartments	1470		1,000				
AMP3 6-7	Dogwood Terrace Apartments	1470		1,000				
AMP3 6-9	Holly Hills Apartments	1470		1,000				
AMP3 6-9	Administration Building (Main Office)	1470		2,000				
				6,000				

Signature of Executive Director and Date

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 Terry W. Cunningham, Executive Director

1/29/2009 X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement /Performance and Evaluation Repo US Department of Housing
 Capital Fund Program, Capital Fund Replacement Housing and Urban Development
 Capital Fund Financing Program Office of Public and Indian Housing

OMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date.			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Approved \$ Quarter ending
 Obligate 18 mos after available
 Expend 3 yrs after available

Signature of Executive Director and Date

X 

Terry W Cunningham, Executive Director

1/29/2009 X

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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

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<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
	Robert E Lee Apartments AMP 1					
B.	Physical Improvements Subtotal	Annual Statement	324400	27000	83000	184700
C.	Management Improvements		44900	44900	44900	44900
D.	PHA-Wide Non-dwelling Structures and Equipment		1000	1000	1000	13000
E.	Administration		0	0	0	0
F.	Other		10500	10500	10500	10500
G.	Operations		0	0	0	0
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		380800	83400	139400	253100
L.	Total Non-CFP Funds					
M.	Grand Total		380800	83400	139400	253100

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010		Work Statement for Year: 3 FFY 2011	
	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
	VISTA Workers	13300	VISTA Workers	13300
	VISTA Office Supplies	1300	VISTA Office Supplies	1300
	Resident Training	1600	Resident Training	1600
	Resident Initiatives Manager	14000	Resident Initiatives Manager	14000
	Resident Initiatives Supplies	600	Resident Initiatives Supplies	600
	Maint/Mgt Training	1600	Maint/Mgt Training	1600
	UPCS Inspection Servs	500	UPCS Inspection Servs	500
	Telecomm/Computer Upgrades/Security Cameras	9000	Telecomm/Computer Upgrades/Security Cameras	9000
	Resident Business Development	500	Resident Business Development	500
	HVAC Technical Servs	500	HVAC Technical Servs	500
	Long Term Asset Management Plan	1000	Long Term Asset Management Plan	1000
	Salary Wage Study	1000	Salary Wage Study	1000
	1408	44900	1408	44900
	A&E Fees	10000	A&E Fees	10000
	Tech Serv Long Term Assett Mgt Plan	500	Tech Serv Long Term Assett Mgt Plan	500
	1430	10500	1430	10500
	Neighborhood Appearance	8000	Neighborhood Appearance	8000
	Landscaping	8000	Landscaping	8000
	Sidewalks/Parking Lots/Alleys/Streets	1000	Sidewalks/Parking Lots/Alleys/Streets	1000
	Fence Repairs	1000	Fence Repairs	1000
	Pest Control	1000	Pest Control	1000
	Playground Improvements	1000	Playground Improvements	1000
	1450	20000	1450	20000
	Refrigerators	4000	Refrigerators	4000
	Dumpster Repairs	500	Dumpster Repairs	500
	ADA Modifications	500	ADA Modifications	500
	Emergency Mold Remediation	500	Emergency Mold Remediation	500
	HVAC Equipment	500	HVAC Equipment	500
	1465	6000	1465	6000
	Subtotal of Estimated Cost	\$81400	Subtotal of Estimated Cost	\$81400

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	VISTA Workers	13300	VISTA Workers	13300
	VISTA Office Supplies	1300	VISTA Office Supplies	1300
	Resident Training	1600	Resident Training	1600
	Resident Initiatives Manager	14000	Resident Initiatives Manager	14000
	Resident Initiatives Supplies	600	Resident Initiatives Supplies	600
	Maint/Mgt Training	1600	Maint/Mgt Training	1600
	UPCS Inspection Servs	500	UPCS Inspection Servs	500
	Telecomm/Computer Upgrades/Security Cameras	9000	Telecomm/Computer Upgrades/Security Cameras	9000
	Resident Business Development	500	Resident Business Development	500
	HVAC Technical Servs	500	HVAC Technical Servs	500
	Long Term Asset Management Plan	1000	Long Term Asset Management Plan	1000
	Salary Wage Study	1000	Salary Wage Study	1000
	1408	44900	1408	44900
	A&E Fees	10000	A&E Fees	10000
	Tech Serv Long Term Assett Mgt Plan	500	Tech Serv Long Term Assett Mgt Plan	500
	1430	10500	1430	10500
	Neighborhood Appearance	8000	Neighborhood Appearance	8000
	Landscaping	8000	Landscaping	8000
	Sidewalks/Parking Lots/Alleys/Streets	1000	Sidewalks/Parking Lots/Alleys/Streets	1000
	Fence Repairs	1000	Fence Repairs	1000
	Pest Control	1000	Pest Control	1000
	Playground Improvements	1000	Playground Improvements	1000
	1450	20000	1450	20000
	Refrigerators	4000	Refrigerators	4000
	Dumpster Repairs	500	Dumpster Repairs	500
	ADA Modifications	500	ADA Modifications	500
	Emergency Mold Remediation	500	Emergency Mold Remediation	500
	HVAC Equipment	500	HVAC Equipment	500
	1465	6000	1465	6000
	Subtotal of Estimated Cost	\$81400	Subtotal of Estimated Cost	\$81400

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**

Part I: Summary						
PHA Name/Number TN006		Locality (Kingsport, Sullivan, TN)			<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
	Cloud Apartments AMP 2					
B.	Physical Improvements Subtotal	Annual Statement	27000	67400	51000	156700
C.	Management Improvements		44900	44900	44900	44900
D.	PHA-Wide Non-dwelling Structures and Equipment		1000	1000	16000	6000
E.	Administration		0	0	0	0
F.	Other		10500	10500	10500	10500
G.	Operations		0	0	0	0
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		83400	123800	122400	218100
L.	Total Non-CFP Funds					
M.	Grand Total		83400	123800	122400	218100

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010		Work Statement for Year: 3 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	See Annual Statement	VISTA Workers	13300	VISTA Workers
	VISTA Office Supplies	1300	VISTA Office Supplies	1300
	Resident Training	1600	Resident Training	1600
	Resident Initiatives Manager	14000	Resident Initiatives Manager	14000
	Resident Initiatives Supplies	600	Resident Initiatives Supplies	600
	Maint/Mgt Training	1600	Maint/Mgt Training	1600
	UPCS Inspection Servs	500	UPCS Inspection Servs	500
	Telecomm/Computer Upgrades/Security Cameras	9000	Telecomm/Computer Upgrades/Security Cameras	9000
	Resident Business Development	500	Resident Business Development	500
	HVAC Technical Servs	500	HVAC Technical Servs	500
	Long Term Asset Management Plan	1000	Long Term Asset Management Plan	1000
	Salary Wage Study	1000	Salary Wage Study	1000
	1408	44900	1408	44900
	A&E Fees	10000	A&E Fees	10000
	Tech Serv Long Term Assett Mgt Plan	500	Tech Serv Long Term Assett Mgt Plan	500
	1430	10500	1430	10500
	Neighborhood Appearance	8000	Neighborhood Appearance	8000
	Landscaping	8000	Landscaping	8000
	Sidewalks/Parking Lots/Alleys/Streets	1000	Sidewalks/Parking Lots/Alleys/Streets	1000
	Fence Repairs	1000	Fence Repairs	1000
	Pest Control	1000	Pest Control	1000
	Playground Improvements	1000	Playground Improvements	1000
	1450	20000	1450	20000
	Refrigerators	4000	Refrigerators	4000
	Dumpster Repairs	500	Dumpster Repairs	500
	ADA Modifications	500	ADA Modifications	500
	Emergency Mold Remediation	500	Emergency Mold Remediation	500
	HVAC Equipment	500	HVAC Equipment	500
	1465	6000	1465	6000
	Subtotal of Estimated Cost	\$81400	Subtotal of Estimated Cost	\$81400

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	VISTA Workers	13300	VISTA Workers	13300
	VISTA Office Supplies	1300	VISTA Office Supplies	1300
	Resident Training	1600	Resident Training	1600
	Resident Initiatives Manager	14000	Resident Initiatives Manager	14000
	Resident Initiatives Supplies	600	Resident Initiatives Supplies	600
	Maint/Mgt Training	1600	Maint/Mgt Training	1600
	UPCS Inspection Servs	500	UPCS Inspection Servs	500
	Telecomm/Computer Upgrades/Security Cameras	9000	Telecomm/Computer Upgrades/Security Cameras	9000
	Resident Business Development	500	Resident Business Development	500
	HVAC Technical Servs	500	HVAC Technical Servs	500
	Long Term Asset Management Plan	1000	Long Term Asset Management Plan	1000
	Salary Wage Study	1000	Salary Wage Study	1000
	1408	44900	1408	44900
	A&E Fees	10000	A&E Fees	10000
	Tech Serv Long Term Assett Mgt Plan	500	Tech Serv Long Term Assett Mgt Plan	500
	1430	10500	1430	10500
	Neighborhood Appearance	8000	Neighborhood Appearance	8000
	Landscaping	8000	Landscaping	8000
	Sidewalks/Parking Lots/Alleys/Streets	1000	Sidewalks/Parking Lots/Alleys/Streets	1000
	Fence Repairs	1000	Fence Repairs	1000
	Pest Control	1000	Pest Control	1000
	Playground Improvements	1000	Playground Improvements	1000
	1450	20000	1450	20000
	Refrigerators	4000	Refrigerators	4000
	Dumpster Repairs	500	Dumpster Repairs	500
	ADA Modifications	500	ADA Modifications	500
	Emergency Mold Remediation	500	Emergency Mold Remediation	500
	HVAC Equipment	500	HVAC Equipment	500
	1465	6000	1465	6000
	Subtotal of Estimated Cost	\$81400	Subtotal of Estimated Cost	\$81400

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**

Part I: Summary						
PHA Name/Number TN006		Locality (Kingsport, Sullivan/Hawkins, TN)			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name DT/HH Apartments AMP 3	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	88000	345000	277000	41000
C.	Management Improvements		45700	45700	45700	45700
D.	PHA-Wide Non-dwelling Structures and Equipment		4000	4000	17400	44000
E.	Administration		0	0	0	0
F.	Other		10500	10500	10500	10500
G.	Operations		0	0	0	0
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		148200	405200	350600	141200
L.	Total Non-CFP Funds					
M.	Grand Total		148200	405200	350600	141200

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012			Work Statement for Year: 5 FFY 2013		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Dogwood Terrace			Dogwood Terrace		
	Replace Roofing & Guttering		185000	Install Hard-Wired Smoke Detectors		5000
	Replace Storm Doors		5000	1460		5000
	Replace Interior Doors		5000			
	Repair Bathtubs / Replace Faucets		20000	Holly Hills		
	Replace/Install Address Security Lights		10000	Replace Exterior Water Lines		5000
	1460		225000	Expand Storage Bldg & Parking Lot		5000
				1460		10000
	Holly Hills					
	Replace Windows/Security Screens		1000	Dogwood Terrace		
	Replace Storm Doors		5000	Pave Parking Lots		5000
	Replace Interior Doors		5000	1470		5000
	Repair Bathtubs / Replace Faucets		5000			
	Replace/Install Address Security Lights		10000	Holly Hills		
	1460		26000	Pave Parking Lots		5000
				1470		5000
				Administration Bldg (Main Office)		
				Replace Carpet		10000
				Expand Parking Lot		10000
				Replace Exterior Lighting		7000
				Replace Window Blinds		3000
				1470		30000
	Community Buildings / Offices Expansions / Renovations / Unexpected Needs			Community Buildings / Offices Expansions / Renovations / Unexpected Needs		
	Dogwood Terrace Community Bldg		1000	Dogwood Terrace Community Bldg		1000
	Dogwood Terrace Fence & Ball Court		13400	Holly Hills Community Bldg		1000
	Holly Hills Community Bldg		1000	Administration Building (Main Office)		2000
	Administration Building (Main Office)		2000	1470		4000
	1470		17400			
	Subtotal of Estimated Cost		\$268400	Subtotal of Estimated Cost		\$59000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010		Work Statement for Year: 3 FFY 2011	
	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See Annual Statement	VISTA Workers	13400	VISTA Workers	13400
	VISTA Office Supplies	1400	VISTA Office Supplies	1400
	Resident Training	1800	Resident Training	1800
	Resident Initiatives Manager	14000	Resident Initiatives Manager	14000
	Resident Initiatives Supplies	800	Resident Initiatives Supplies	800
	Maint/Mgt Training	1800	Maint/Mgt Training	1800
	UPCS Inspection Servs	500	UPCS Inspection Servs	500
	Telecomm/Computer Upgrades/Security Cameras	9000	Telecomm/Computer Upgrades/Security Cameras	9000
	Resident Business Development	500	Resident Business Development	500
	HVAC Technical Servs	500	HVAC Technical Servs	500
	Long Term Asset Management Plan	1000	Long Term Asset Management Plan	1000
	Salary Wage Study	1000	Salary Wage Study	1000
	1408	45700	1408	45700
	A&E Fees	10000	A&E Fees	10000
	Tech Serv Long Term Assett Mgt Plan	500	Tech Serv Long Term Assett Mgt Plan	500
	1430	10500	1430	10500
	Neighborhood Appearance	8000	Neighborhood Appearance	8000
	Landscaping	8000	Landscaping	8000
	Sidewalks/Parking Lots/Alleys/Streets	1000	Sidewalks/Parking Lots/Alleys/Streets	1000
	Fence Repairs	1000	Fence Repairs	1000
	Pest Control	1000	Pest Control	1000
	Playground Improvements	1000	Playground Improvements	1000
	1450	20000	1450	20000
	Refrigerators	4000	Refrigerators	4000
	Dumpster Repairs	500	Dumpster Repairs	500
	ADA Modifications	500	ADA Modifications	500
	Emergency Mold Remediation	500	Emergency Mold Remediation	500
	HVAC Equipment	500	HVAC Equipment	500
	1465	6000	1465	6000
	Subtotal of Estimated Cost	\$82200	Subtotal of Estimated Cost	\$82200

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	VISTA Workers	13400	VISTA Workers	13400
	VISTA Office Supplies	1400	VISTA Office Supplies	1400
	Resident Training	1800	Resident Training	1800
	Resident Initiatives Manager	14000	Resident Initiatives Manager	14000
	Resident Initiatives Supplies	800	Resident Initiatives Supplies	800
	Maint/Mgt Training	1800	Maint/Mgt Training	1800
	UPCS Inspection Servs	500	UPCS Inspection Servs	500
	Telecomm/Computer Upgrades/Security Cameras	9000	Telecomm/Computer Upgrades/Security Cameras	9000
	Resident Business Development	500	Resident Business Development	500
	HVAC Technical Servs	500	HVAC Technical Servs	500
	Long Term Asset Management Plan	1000	Long Term Asset Management Plan	1000
	Salary Wage Study	1000	Salary Wage Study	1000
	1408	45700	1408	45700
	A&E Fees	10000	A&E Fees	10000
	Tech Serv Long Term Assett Mgt Plan	500	Tech Serv Long Term Assett Mgt Plan	500
	1430	10500	1430	10500
	Neighborhood Appearance	8000	Neighborhood Appearance	8000
	Landscaping	8000	Landscaping	8000
	Sidewalks/Parking Lots/Alleys/Streets	1000	Sidewalks/Parking Lots/Alleys/Streets	1000
	Fence Repairs	1000	Fence Repairs	1000
	Pest Control	1000	Pest Control	1000
	Playground Improvements	1000	Playground Improvements	1000
	1450	20000	1450	20000
	Refrigerators	4000	Refrigerators	4000
	Dumpster Repairs	500	Dumpster Repairs	500
	ADA Modifications	500	ADA Modifications	500
	Emergency Mold Remediation	500	Emergency Mold Remediation	500
	HVAC Equipment	500	HVAC Equipment	500
	1465	6000	1465	6000
	Subtotal of Estimated Cost	\$82200	Subtotal of Estimated Cost	\$82200

Part I: Summary						
PHA Name/Number TN006		Locality (Kingsport, Sullivan/Hawkins, TN)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name Overall TN006	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	Lee - 269000	1000	40000	140700
			Cloud - 1000	41400	25000	130700
			Dogwood - 25000	0	225000	5000
			Holly Hills - 37000	319000	26000	10000
			Tiffany Court - 29400	0	17000	18000
			HA Wide - 78000	78000	78000	78000
			439400	439400	411000	382400
C.	Management Improvements		135500	135500	135500	135500
D.	PHA-Wide Non-dwelling Structures and Equipment		31400	31400	59800	88400
E.	Administration		91114	91114	91114	91114
F.	Other		31500	31500	31500	31500
G.	Operations		182229	182229	182229	182229
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		911143	911143	911143	911143
L.	Total Non-CFP Funds					
M.	Grand Total		911143	911143	911143	911143

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year: 3 FFY 2011		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See	1460			1460		
Annual	Lee Apartments			Lee Apartments		
Statement	Replace Roofing & Guttering		269000	Replace Roofing & Guttering		1000
	Cloud Apartments			Cloud Apartments		
	Replace Roofing & Guttering		1000	Replace Storm Doors		41400
	Dogwood Terrace			Holly Hills		
	Replace Water Meter Covers/Enclosures		25000	Replace Windows/Security Screens		319000
	Holly Hills					
	Replace HVAC		12000			
	Replace Water Meter Covers/Enclosures		25000			
	Tiffany Court					
	Replace Windows		29400			
	1460		361400	1460		361400
	1470					
	Community Buildings / Offices Expansions / Renovations / Unexpected Needs			Community Buildings / Offices Expansions / Renovations / Unexpected Needs		
	Lee Apartments		1000	Lee Apartments		1000
	Cloud Apartments		1000	Cloud Apartments		1000
	Dogwood Terrace Apartments		1000	Dogwood Terrace Apartments		1000
	Holly Hills Apartments		1000	Holly Hills Apartments		1000
	Administration Building (Main Office)		2000	Administration Building (Main Office)		2000
	1470		6000	1470		6000
	1475			1475		
	Maintenance/Management Vehicle		25400	Maintenance/Management Vehicle		25400
	Subtotal of Estimated Cost		\$392800	Subtotal of Estimated Cost		\$392800

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement Year 1 FFY 2009	Work Statement for Year 4 - FFY 2012			Work Statement for Year: 5 - FFY 2013		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
Sec	1460			1460		
Annual	Lee Apartments			Lee Apartments		
Statement	Replace Storm Doors		5000	Replace HVAC		120700
	Replace Interior Doors		5000	Replace Water Meter Covers & Enclosures		10000
	Repair Bathtubs / Replace Faucets		20000	Replace Exterior Water Lines		5000
	Replace/Install Address Security Lights		10000	Install Hard-Wired Smoke Detectors		5000
	Cloud Apartments			Cloud Apartments		
	Replace Storm Doors		5000	Replace HVAC		120700
	Replace Interior Doors		5000	Replace Exterior Water Lines		5000
	Repair Bathtubs / Replace Faucets		5000	Install Hard-Wired Smoke Detectors		5000
	Replace/Install Address Security Lights		10000	Dogwood Terrace		
	Dogwood Terrace			Install Hard-Wired Smoke Detectors		5000
	Replace Storm Doors		5000	Holly Hills		
	Replace Interior Doors		5000	Replace Exterior Water Lines		5000
	Repair Bathtubs / Replace Faucets		20000	Install Hard-Wired Smoke Detectors		5000
	Replace/Install Address Security Lights		10000	Tiffany Court		
	Replace Roofing & Guttering		185000	Replace Exterior Water Lines		5000
	Holly Hills			Replace Rear Decks		8000
	Replace Storm Doors		5000	Install Hard-Wired Smoke Detectors		5000
	Replace Interior Doors		5000	1470		
	Repair Bathtubs / Replace Faucets		5000	Lee – Pave Parking Lots		5000
	Replace/Install Address Security Lights		10000	Cloud – Pave Parking Lots		5000
	Replace Windows/Security Screens		1000	Dogwood Terrace – Pave Parking Lots		5000
	Tiffany Court			Holly Hills – Pave Parking Lots		5000
	Replace Storm Doors		2000	Tiffany Court – Pave Parking Lots		5000
	Replace Interior Doors		5000	Tiffany Court – Replace Trash Container Encl		2000
	Replace/Install Address/Security Lights		10000	Administration Bldg – Replace Carpet		10000
	1470			Administration Bldg – Expand Parking Lot		10000
	Cloud Apartments			Administration Bldg – Replace Ext Lighting		7000
	Relocate Picnic Shelter		5000	Administration Bldg – Replace Window Blinds		3000
	Expand Storage Bldg & Parking Lot		5000			
	Replace Fence (behind Gym & Alley)		5000			
	Dogwood Terrace					
	Replace Fence & Ball Court		13400			
	Comm Bldgs / Offices - Expansions / Renovations / Unexpected Needs			Comm Bldgs / Offices - Expansions / Renovations / Unexpected Needs		
	Lee Apartments		1000	Lee Apartments		1000
	Cloud Apartments		1000	Cloud Apartments		1000
	Dogwood Terrace Community Bldg		1000	Dogwood Terrace Community Bldg		1000
	Holly Hills Community Bldg		1000	Holly Hills Community Bldg		1000
	Administration Building (Main Office)		2000	Administration Building (Main Office)		2000
	1475 Maintenance/Management Vehicle		25400	1475 Maintenance/Management Vehicle		25400
	Subtotal of Estimated Cost		\$392800	Subtotal of Estimated Cost		\$392800

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010		Work Statement for Year: 3 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	VISTA Workers	40000	VISTA Workers	40000
Annual	VISTA Office Supplies	4000	VISTA Office Supplies	4000
Statement	Resident Training	5000	Resident Training	5000
	Resident Initiatives Manager	42000	Resident Initiatives Manager	42000
	Resident Initiatives Supplies	2000	Resident Initiatives Supplies	2000
	Maint/Mgt Training	5000	Maint/Mgt Training	5000
	UPCS Inspection Servs	1500	UPCS Inspection Servs	1500
	Telecomm/Computer Upgrades/Security Cameras	27000	Telecomm/Computer Upgrades/Security Cameras	27000
	Resident Business Development	1500	Resident Business Development	1500
	HVAC Technical Servs	1500	HVAC Technical Servs	1500
	Long Term Asset Management Plan	3000	Long Term Asset Management Plan	3000
	Salary Wage Study	3000	Salary Wage Study	3000
	1408	135500	1408	135500
	A&E Fees	30000	A&E Fees	30000
	Tech Serv Long Term Assett Mgt Plan	1500	Tech Serv Long Term Assett Mgt Plan	1500
	1430	31500	1430	31500
	Neighborhood Appearance	24000	Neighborhood Appearance	24000
	Landscaping	24000	Landscaping	24000
	Sidewalks/Parking Lots/Alleys/Streets	3000	Sidewalks/Parking Lots/Alleys/Streets	3000
	Fence Repairs	3000	Fence Repairs	3000
	Pest Control	3000	Pest Control	3000
	Playground Improvements	3000	Playground Improvements	3000
	1450	60000	1450	60000
	Refrigerators	12000	Refrigerators	12000
	Dumpster Repairs	1500	Dumpster Repairs	1500
	ADA Modifications	1500	ADA Modifications	1500
	Emergency Mold Remediation	1500	Emergency Mold Remediation	1500
	HVAC Equipment	1500	HVAC Equipment	1500
	1465	18000	1465	18000
	1406 Operations	182229	1406 Operations	182229
	1410 Administration	91114	1410 Administration	91114
	Subtotal of Estimated Cost	\$518343	Subtotal of Estimated Cost	\$518343

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	VISTA Workers	40000	VISTA Workers	40000
Annual	VISTA Office Supplies	4000	VISTA Office Supplies	4000
Statement	Resident Training	5000	Resident Training	5000
	Resident Initiatives Manager	42000	Resident Initiatives Manager	42000
	Resident Initiatives Supplies	2000	Resident Initiatives Supplies	2000
	Maint/Mgt Training	5000	Maint/Mgt Training	5000
	UPCS Inspection Servs	1500	UPCS Inspection Servs	1500
	Telecomm/Computer Upgrades/Security Cameras	27000	Telecomm/Computer Upgrades/Security Cameras	27000
	Resident Business Development	1500	Resident Business Development	1500
	HVAC Technical Servs	1500	HVAC Technical Servs	1500
	Long Term Asset Management Plan	3000	Long Term Asset Management Plan	3000
	Salary Wage Study	3000	Salary Wage Study	3000
	1408	135500	1408	135500
	A&E Fees	30000	A&E Fees	30000
	Tech Serv Long Term Assett Mgt Plan	1500	Tech Serv Long Term Assett Mgt Plan	1500
	1430	31500	1430	31500
	Neighborhood Appearance	24000	Neighborhood Appearance	24000
	Landscaping	24000	Landscaping	24000
	Sidewalks/Parking Lots/Alleys/Streets	3000	Sidewalks/Parking Lots/Alleys/Streets	3000
	Fence Repairs	3000	Fence Repairs	3000
	Pest Control	3000	Pest Control	3000
	Playground Improvements	3000	Playground Improvements	3000
	1450	60000	1450	60000
	Refrigerators	12000	Refrigerators	12000
	Dumpster Repairs	1500	Dumpster Repairs	1500
	ADA Modifications	1500	ADA Modifications	1500
	Emergency Mold Remediation	1500	Emergency Mold Remediation	1500
	HVAC Equipment	1500	HVAC Equipment	1500
	1465	18000	1465	18000
	1406 Operations	182229	1406 Operations	182229
	1410 Administration	91114	1410 Administration	91114
	Subtotal of Estimated Cost	\$518343	Subtotal of Estimated Cost	\$518343