PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: Athens Housing Authority PHA Code: TN015

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 10/2009

Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 441 Number of HCV units: 160

3.0 Submission Type

☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia NA ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

Not Applicable – Required only in Five-Year Plan

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

Not Applicable – Required only in Five-Year Plan

6.0 PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

Eligibility, Selection and Admissions Policies: The AHA has revised their ACOP and Section 8 Administrative Plan and presented to the AHA Board of Commissioners for approval after the thirty day resident comment period.

Financial Resources: The AHA Financial Statement including PHA Operating and Capital Funds, Rental Income, Investments etc. change on an annual basis. The AHA maintains this information on file and makes it available for HUD and public review at the AHA Administration Office.

Operations and Management: The AHA has revised their Community Service Policy, Flat Rents and Income Limits. The revisions were presented to the AHA Board of Commissioners for approval after the thirty day resident comment period.

Fiscal Year Audit: The AHA's most recent Audit is on file at the AHA Administration Office and is available for HUD and public review.

Violence Against Women Act (VAWA): The AHA has completed the required VAWA Policy.

(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.

Athens Housing Authority Administration Office, 199 Clark Street, Athens, Tennessee 37303

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

Not Applicable – Required only in Five-Year Plan

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached Forms HUD 50075.1 for FFY 2009 Annual Statement and Performance and Evaluation Reports for all open CFP Grants.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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. See attached Form HUD 50075.2 for CFP Five-Year Action Plan.
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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. Not Applicable
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. Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan.

9.1	**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.** Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan.
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (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. Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Not Applicable – AHA is a High Performing PHA, therefore this component is required only in Five-Year Plan.

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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (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. 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. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

ATTACHMENTS

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:**
Athens Housing Authority	Capital Fund Program Grant No: TN37P01550109 Replacement Housing Factor Grant No: Date of CFFP:_____	2009 **FFY of Grant Approval:** 2009

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 20) [3]	0			
3	1408 Management Improvements	35,000			
4	1410 Administration (may not exceed 10% of line 20)	32,500			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	41,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	35,000			
10	1460 Dwelling Structures	480,374			
11	1465.1 Dwelling Equipment—Nonexpendable	46,800			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities[4]	0			
18a	1501 Collaterization or Debt Service paid by the PHA	0			
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	40,000			
20	Amount of Annual Grant: (sum of lines 2 – 19)	710,674			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	45,000			
23	Amount of line 20 Related to Security – Soft Costs	35,000			
24	Amount of Line 20 Related to Security – Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			

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

Part I: Summary					
PHA Name: Athens Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: TN37P01550109 Replacement Housing Factor Grant No:		**Federal FY of Grant:** 2009 **FFY OF Grant Approval:** 2009	
Type of Grant ☒ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)** ☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**					
Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost[1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
Signature of Executive Director	**Date** 7.10.2009	**Signature of Public Housing Director**	**Date**		

Part II Supporting Pages

PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550109 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2009

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN015-001	Bathroom Renovations	1460	70 units	37,800				
Clem Jones								
TN015-002	Bathroom Renovations	1460	12 units	6,480				
W.E. Nash								
TN015-004	Ranges/Refrigerators	1465.1	45 units	46,800				
Hillcrest								
TN015-005	Bathroom Renovations	1460	55 units	29,700				
Westwood	Kitchen Renovations	1460	55 units	184,950				
Heights	Interior Painting	1460	55 units	74,480				
TN015-006	Bathroom Renovations	1460	50 units	27,000				
Ross Arrants	Security Screens	1460	50 units	38,000				
TN015-007	Step Repairs	1450	75 units	35,000				
Forrest Hills								
TN015-009	Heat Replacement	1460	20 units	9,700				
Ridgeview								
PHA-WIDE	Police and Security	1408	1	35,000				
Management								
Improvements								
PHA-WIDE	Advertising	1410	1	500				
Administration	Modernization Coordinator	1410	1	20,000				
	Employee Benefits	1410	1	12,000				

Part II Supporting Pages								
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550109 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2009		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	Clerk-of-the-Works	1430	1	14,000				
Fees and Costs	A/E Fees	1430	1	27,000				
PHA-WIDE	Handicap Renovations	1460	1	45,000				
Dwelling	Exterior Painting	1460	1	27,264				
Structures								
PHA-WIDE	Contingency	1502	1	40,000				
Contingency								

[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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Athens Housing Authority | **Federal FY of Grant:** 2009

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN015-001	09/30/2011		09/30/2013		
Clem Jones					
TN015-002	09/30/2011		09/30/2013		
W.E. Nash					
TN015-004	09/30/2011		09/30/2013		
Hillcrest					
TN015-005	09/30/2011		09/30/2013		
Westwood					
Heights					
TN015-006	09/30/2011		09/30/2013		
Ross Arrants					
TN015-007	09/30/2011		09/30/2013		
Forrest Hills					
TN015-009	09/30/2011		09/30/2013		
Ridgeview					
PHA-WIDE	09/30/2011		09/30/2013		
Management					
Improvements					
PHA-WIDE	09/30/2011		09/30/2013		
Administration					
PHA-WIDE	09/30/2011		09/30/2013		
Fees and Costs					

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Athens Housing Authority					Federal FY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-WIDE	09/30/2011		09/30/2013		
Dwelling					
Structures					
PHA-WIDE	09/30/2011		09/30/2013		
Contingency					

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

ATTACHMENTS

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:**
Athens Housing Authority	Capital Fund Program Grant No: TN37P01550108 Replacement Housing Factor Grant No: Date of CFFP:_____	2008 **FFY of Grant Approval:** 2008

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/09 ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	93,234	0	0	0
3	1408 Management Improvements	35,000	30,000	30,000	0
4	1410 Administration (may not exceed 10% of line 20)	30,500	25,689	25,689	2,633
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	55,500	42,031	42,031	11,360
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	48,000	0	0	0
10	1460 Dwelling Structures	398,440	612,954	612,954	13,283
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	0		0	0
17	1499 Development Activities[4]	0		0	0
18a	1501 Collaterization or Debt Service paid by the PHA	0		0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0		0	0
19	1502 Contingency (may not exceed 8% of line 20)	50,000	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	710,674		710,674	27,276
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security – Soft Costs	35,000	30,000	30,000	0
24	Amount of Line 20 Related to Security – Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0

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

Part I: Summary					
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550108 Replacement Housing Factor Grant No:			**Federal FY of Grant:** 2008 **FFY OF Grant Approval:** 2008	
Type of Grant ☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)** ☒ **Performance and Evaluation Report for Period Ending:** 03/31/09 ☐ **Final Performance and Evaluation Report**					
Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost[1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
Signature of Executive Director	**Date** 7.10.2009	**Signature of Public Housing Director**	**Date**		

Part II Supporting Pages

PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550108 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2008

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
TN015-004	Bathroom Renovations	1460	45 units	74,226	0	0	0	Deleted
Hillcrest	Kitchen Renovations	1460	45 units	165,930	0	0	0	Deleted
	Interior Painting	1460	45 units	56,034	0	0	0	Deleted
	Exterior Doors	1460	45 units	84,250	0	0	0	Deleted
	Air Conditioners	1460	45 units	18,000	0	0	0	Deleted
	Handicap Renovations	1460	Dev.-wide	0	203,242	203,242	0	CFP 50107
TN015-006	Kitchen Renovations	1460	50 units	0	189,889	189,889	0	In Progress
Ross Arrants								
TN015-007	Step Repairs	1450	75 units	48,000	0	0	0	Deleted
Forrest Hills	Bathroom Renovations	1460	75 units	0	183,673	183,673	13,283	CFP 50107
	Exterior Painting	1460	75 units	0	36,150	36,150	0	CFP 50106
PHA-WIDE	Operating Expense	1406	1	93,234	0	0	0	Deleted
Operations								
PHA-WIDE	Police and Security	1408	1	35,000	30,000	30,000	0	In Progress
Management								
Improvements								
PHA-WIDE	Advertising	1410	1	500	254	254	254	In Progress
Administration	Employee Benefits	1410	1	11,000	8,886	8,886	776	In Progress
	Modernization Coordinator	1410	1	19,000	16,548	16,549	1,603	In Progress
PHA-WIDE	Clerk-of-the-Works	1430	1	13,000	9,156	9,156	985	In Progress
Fees and Costs	A/E Fees	1430	1	25,000	19,750	19,750	0	In Progress
	Consultant Fees for Energy Audit	1430	1	5,000	3,875	3,875	3,875	In Progress
	Consultant Fees for 504 Needs Assess	1430	1	12,500	4,500	4,500	2,700	In Progress
	Consultant Fees for PNA	1430	1	0	4,750	4,750	3,800	In Progress

Part II Supporting Pages								
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550108 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2008		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE Contingency	Contingency	1502	1	50,000	0	0	0	Deleted

[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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Athens Housing Authority | **Federal FY of Grant:** 2008

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN015-004	06/12/2010	03/31/2009	06/12/2012		
Hillcrest					
TN015-006	06/12/2010	03/31/2009	06/12/2012		
Ross Arrants					
TN015-007	06/12/2010	03/31/2009	06/12/2012		
Forrest Hills					
PHA-WIDE	06/12/2010	03/31/2009	06/12/2012		
Operations					
PHA-WIDE	06/12/2010	03/31/2009	06/12/2012		
Management					
Improvements					
PHA-WIDE	06/12/2010	03/31/2009	06/12/2012		
Administration					
PHA-WIDE	06/12/2010	03/31/2009	06/12/2012		
Fees and Costs					
PHA-WIDE	06/12/2010	03/31/2009	06/12/2012		
Contingency					

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

ATTACHMENTS

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:**
Athens Housing Authority	Capital Fund Program Grant No: TN37P01550107 Replacement Housing Factor Grant No: Date of CFFP:_____	2007 **FFY of Grant Approval:** 2007

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/09 ☒ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	1,000	0	0	0
3	1408 Management Improvements	35,000		35,000	35,000
4	1410 Administration (may not exceed 10% of line 20)	28,500	27,830	27,830	27,830
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	32,580	30,196	30,196	30,196
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	559,360	564,414	564,414	564,414
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	0		0	0
17	1499 Development Activities[4]	0		0	0
18a	1501 Collaterization or Debt Service paid by the PHA	0		0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0		0	0
19	1502 Contingency (may not exceed 8% of line 20)	1,000	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	657,440		657,440	657,440
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security – Soft Costs	35,000		35,000	35,000
24	Amount of Line 20 Related to Security – Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0

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

Part I: Summary			
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550107 Replacement Housing Factor Grant No:		**Federal FY of Grant:** 2007 **FFY OF Grant Approval:** 2007

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/09 ☒ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost[1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
	7-10-2009		

Part II Supporting Pages								
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550107 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2007		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
TN015-003	Bathroom Renovations	1460	18 units	21,360	54,070	54,070	54,070	Complete
Ester Bloom								
TN015-004	Handicap Renovations	1460	Dev-wide	6,000	0	0	0	Deleted
Hillcrest								
TN015-005	Closet Doors	1460	55 units	68,000	48,708	48,708	48,708	Complete
Westwood								
Heights								
TN015-006	Attic Fans	1460	50 units	34,650	0	0	0	Deleted
Ross Arrants	Electrical	1460	50 units	81,900	63,817	63,817	63,817	Complete
	Heat System	1460	50 units	36,855	69,109	69,109	69,109	Complete
	Exterior/Screen Doors	1460	50 units	1,000	0	0	0	Deleted
TN015-007	Bathroom Renovations	1460	62 units	43,050	84,813	84,813	84,813	Complete
Forrest Hills								
TN015-009	Water Heaters	1460	20 units	11,550	10,800	10,800	10,800	Complete
Ridgeview								
TN015-010	Exterior Doors/Windows	1460	34 units	114,735	172,229	172,229	172,229	Complete
Pruett	HVAC	1460	8 units	12,600	41,040	41,040	41,040	Complete
	Gutters	1460	34 units	22,000	14,320	14,320	14,320	Complete
	Attic Fans	1460	34 units	31,600	5,508	5,508	5,508	Complete
PHA-WIDE	Operating Expense	1406	1	1,000	0	0	0	Deleted
Operations								
PHA-WIDE	Police and Security	1408	1	35,000		35,000	35,000	Complete
Management								
Improvements								

Part II Supporting Pages								
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550107 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2007		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	Advertising	1410	1	500	324	324	324	Complete
Administration	Employee Benefits	1410	1	10,000	9,747	9,747	9,747	Complete
	Modernization Coordinator	1410	1	18,000	17,759	17,759	17,759	Complete
PHA-WIDE	Clerk-of-the-Works	1430	1	12,000	9,616	9,616	9,616	Complete
Fees and Costs	A/E Fees	1430	1	20,580		20,580	20,580	Complete
PHA-WIDE	GFI	1460	PHA-wide	74,060	0	0	0	Deleted
Dwelling								
Structures								
PHA-WIDE	Contingency	1502	1	1,000	0	0	0	Deleted
Contingency								

[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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Athens Housing Authority | **Federal FY of Grant:** 2007

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN015-003 Ester Bloom	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
TN015-004 Hillcrest	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
TN015-005 Westwood	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
TN015-006 Ross Arrants	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
TN015-007 Forrest Hills	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
TN015-009 Ridgeview	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
TN015-010 Pruett	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
PHA-WIDE Operations	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
PHA-WIDE Management Improvements	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
PHA-WIDE Administration	09/12/2009	06/30/2008	09/12/2011	03/31/2009	

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Athens Housing Authority					Federal FY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-WIDE	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
Fees and Costs					
PHA-WIDE	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
Dwelling					
Structures					
PHA-WIDE	09/12/2009	06/30/2008	09/12/2011	03/31/2009	
Contingency					

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

ATTACHMENTS

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:**
Athens Housing Authority	Capital Fund Program Grant No: TN37P01550106 Replacement Housing Factor Grant No: Date of CFFP:_____	2006 **FFY of Grant Approval:** 2006

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 03/31/09 ☒ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost[1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 20) [3]	0		0	0
3	1408 Management Improvements	42,478		42,478	42,478
4	1410 Administration (may not exceed 10% of line 20)	27,808		27,808	27,808
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	21,563		21,563	21,563
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	604,679		604,679	604,679
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	0		0	0
17	1499 Development Activities[4]	0		0	0
18a	1501 Collaterization or Debt Service paid by the PHA	0		0	0
18b	9000 Collaterization or Debt Service paid Via System of Direct Payment	0		0	0
19	1502 Contingency (may not exceed 8% of line 20)	0		0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	696,528		696,528	696,528
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security – Soft Costs	42,478		42,478	42,478
24	Amount of Line 20 Related to Security – Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0

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

Part I: Summary					
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550106 Replacement Housing Factor Grant No:			**Federal FY of Grant:** 2006 **FFY OF Grant Approval:** 2006	
Type of Grant ☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)** ☒ **Performance and Evaluation Report for Period Ending:** 03/31/09 ☒ **Final Performance and Evaluation Report**					
Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost[1]**	
		Original	**Revised[2]**	**Obligated**	**Expended**
Signature of Executive Director	**Date** 7.10.2009	**Signature of Public Housing Director**	**Date**		

Part II Supporting Pages								
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550106 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2006		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
TN015-001	Sewer Lines	1450	Dev-wide	0		0	0	Deleted
Clem Jones								
TN015-002	Sewer Lines	1450	Dev-wide	0		0	0	Deleted
W.E. Nash								
TN015-003	Attic Fire Walls	1460	18 units	15,723		15,723	15,723	Complete
Ester Bloom								
TN015-004	Handicap Renovations	1460	45 units	11,870		11,870	11,870	Complete
Hillcrest	Attic Fire Walls	1460	45 units	39,307		39,307	39,307	Complete
TN015-005	Attic Fire Walls	1460	55 units	48,041		48,041	48,041	Complete
Westwood								
Heights								
TN015-006	Attic Fire Walls	1460	50 units	43,674		43,674	43,674	Complete
Ross Arrants	Termite Treatment	1460	50 units	8,105		8,105	8,105	Complete
	Electrical	1460	50 units	45,067	0	0	0	Deleted
TN015-007	Sewer Lines	1450	Dev-wide	0		0	0	Deleted
Forrest Hills	Step Repairs	1450	75 units	0		0	0	Deleted
	Attic Fans	1460	137 units	101,488		101,488	101,488	Complete
	Attic Fire Walls	1460	137 units	119,667		119,667	119,667	Complete
	Crawl Space Doors	1460	Dev-wide	0		0	0	Deleted
	Handicap Renovations	1460	Dev-wide	11,525		11,525	11,525	Complete
	Termite Treatment	1460	Dev-wide	32,063		32,063	32,063	Complete
	Bathroom Renovations	1460	137 units	0	71,415	71,415	71,415	CFP 50107
TN015-009	Attic Fire Walls	1460	20 units	17,469		17,469	17,469	Complete
Ridgeview								
TN015-010	Termite Treatment	1460	Dev-wide	7,200		7,200	7,200	Complete
Pruett	Flooring	1460	34 units	59,380	77,132	77,132	77,132	Complete

Part II Supporting Pages								
PHA Name: Athens Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: TN37P01550106 **CFFP (Yes/No):** No Replacement Housing Factor Grant No:					**Federal FFY of Grant:** 2006		
Development Number Name/HA-Wide Activities	**General Description of Major Work Categories**	**Dev. Acct No.**	**Quantity**	**Total Estimated Cost**		**Total Actual Cost**		**Status of Work**
				Original	**Revised [1]**	**Funds Obligated [2]**	**Funds Expended [2]**	
PHA-WIDE	COCC	1406	1	0		0	0	Deleted
Operations								
PHA-WIDE	Police and Security	1408	1	42,478		42,478	42,478	Complete
Management								
Improvements								
PHA-WIDE	Advertising	1410	1	249		249	249	Complete
Administration	Modernization Coordinator	1410	1	17,733		17,733	17,733	Complete
	Employee Benefits	1410	1	9,826		9,826	9,826	Complete
PHA-WIDE	Clerk-of-the-Works	1430	1	9,563		9,563	9,563	Complete
Fees and Costs	A/E Fees	1430	1	12,000		12,000	12,000	Complete
PHA-WIDE	Exterior Painting	1460	Dev-wide	44,100	0	0	0	Deleted
Dwelling								
Structures								

[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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Athens Housing Authority | **Federal FY of Grant:** 2006

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN015-001	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Clem Jones					
TN015-002	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
W.E. Nash					
TN015-003	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Ester Bloom					
TN015-004	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Hillcrest					
TN015-005	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Westwood					
Heights					
TN015-006	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Ross Arrants					
TN015-007	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Forrest Hills					
TN015-009	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Ridgeview					
TN015-010	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Pruett					
PHA-WIDE	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
Operations					

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Athens Housing Authority					Federal FY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-WIDE Management Improvements	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
PHA-WIDE Administration	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
PHA-WIDE Fees and Costs	07/17/2008	06/30/2008	07/17/2010	10/31/2008	
PHA-WIDE Dwelling Structures	07/17/2008	06/30/2008	07/17/2010	10/31/2008	

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

Part I: Summary

PHA Name/Number Athens Housing Authority/TN015			Locality (City/County & State) Athens/McMinn County Tennessee		☒Original 5-Year Plan ☐Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	548,674	547,674	596,674	576,674
C.	Management Improvements		35,000	36,000	37,000	38,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0		
E.	Administration		34,000	34,000	34,000	36,000
F.	Other (1430,1502)		93,000	93,000	43,000	60,000
G.	Operations		0	0	0	
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		710,674	710,674	710,674	710,674
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		710,674	710,674	710,674	710,674

Part I: Summary (Continuation)

PHA Name/Number Athens Housing Authority/TN015			Locality (City/County & State) Athens/McMinn County Tennessee		☒ **Original 5-Year Plan** ☐ **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
		Annual Statement				

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		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	**TN015-004/Hillcrest**			**TN015-001/Clem Jones**		
	Air Conditioners	45 units	22,500	Air Conditioners	70 units	35,000
	Bathroom Renovations	45 units	24,300			
				TN015-002/W.E. Nash		
	TN015-005/Westwood Heights			Air Conditioners	12 units	6,000
	Air Conditioners	55 units	44,250			
	Ranges/Refrigerators	55 units	26,800	**TN015-003/Ester Bloom**		
				Air Conditioners	18 units	9,000
	TN015-006/Ross Arrants					
	Ranges/Refrigerators	50 units	37,500	**TN015-006/Ross Arrants**		
				Air Conditioners	50 units	25,000
	TN015-007/Forrest Hills			Exterior Doors	50 units	99,014
	Air Conditioners	137 units	92,850			
	Electrical Upgrades	137 units	196,974	**TN015-009/Ridgeview**		
				Kitchen Renovations	20 units	97,000
	PHA-WIDE/Site Improvements			Interior Painting	20 units	27,600
	Sidewalks	PHA-wide	32,500	Air Conditioners	20 units	10,000
	Landscaping	PHA-wide	30,000	Electrical Upgrades	20 units	63,310
	PHA-WIDE/Dwelling Structures			**TN015-010/Pruett**		
	Exterior Painting	PHA-wide	15,000	Bathroom Renovations	34 units	36,000
	Handicap Renovations	PHA-wide	26,000	Heating System	34 units	77,750
				Ranges/Refrigerators	34 units	32,000
				PHA-WIDE/Dwelling Structures		
				Handrails	PHA-wide	15,000
				Handicap Renovations	PHA-wide	15,000
	Subtotal of Estimated Cost		$548,674	Subtotal of Estimated Cost		$547,674

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		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**TN015-001/Clem Jones**			**TN015-001/Clem Jones**		
Annual	Plumbing	70 units	83,000	Water Heaters	70 units	35,000
Statement	Flooring	70 units	126,000	Ranges/Refrigerators	70 units	52,500
	TN015-002/W.E. Nash			**TN015-002/W.E. Nash**		
	Flooring	12 units	21,600	Water Heaters	12 units	6,000
				Ranges/Refrigerators	12 units	9,000
	TN015-003/Ester Bloom					
	Flooring	18 units	32,400	**TN015-003/Ester Bloom**		
	Heating System	18 units	62,000	Water Heaters	18 units	9,000
				Ranges/Refrigerators	18 units	13,500
	TN015-005/Westwood Heights					
	Exterior Doors	55 units	55,000	**TN015-004/Hillcrest**		
				Water Heaters	45 units	22,500
	TN015-007/Forrest Hills					
	Kitchen Renovations	137 units	38,000	**TN015-005/Westwood Heights**		
	Heating System	137 units	152,674	Roofs	55 units	125,324
	TN015-010/Pruett			**TN015-006/Ross Arrants**		
	Air Conditioners	34 units	26,000	Water Heaters	50 units	25,000
				TN015-007/Forrest Hills		
				Water Heaters	137 units	68,500
				Ranges/Refrigerators	137 units	102,750
				TN015-009/Ridgeview		
				Ranges/Refrigerators	20 units	10,000

				TN015-010/Pruett		
				Roofs	34 units	68,000
				Ranges/Refrigerators	34 units	29,600
	Subtotal of Estimated Cost		$596,674	Subtotal of Estimated Cost		$576,674

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	Police and Security	35,000	Police and Security	36,000
	Subtotal of Estimated Cost	$35,000	Subtotal of Estimated Cost	$36,000

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	Police and Security	37,000	Police and Security	38,000
	Subtotal of Estimated Cost	$37,000	Subtotal of Estimated Cost	$38,000

RESOLUTION 09-06

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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* 2009 *, 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.

Athens Housing Authority	TN015
PHA Name	PHA Number/HA Code

☐ 5-Year PHA Plan for Fiscal Years 20____ - 20____

☑ Annual PHA Plan for Fiscal Years 20 09 - 20 13

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	Title
Steve Heath	Board Chairman
Signature: Steve Heath	Date: 7.9.2009

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Athens Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2009 Five Year and Annual Agency Plan

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 Federalagency 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.)

See Attached List

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	Title
J. Ross Dodson, Jr.	Executive Director
Signature	**Date**
X	7.10.2009

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

ATHENS HOUSING AUTHORITY
DEVELOPMENTS

TN015-001	Clem Jones	Athens, Tennessee
TN015-002	W.E. Nash	Athens, Tennessee
TN015-003	Ester Bloom	Athens, Tennessee
TN015-004	Hillcrest	Athens, Tennessee
TN015-005	Westwood	Athens, Tennessee
TN015-006	Ross Arrants	Athens, Tennessee
TN015-007	Forrest Hills	Athens, Tennessee
TN015-009	Ridgeview	Athens, Tennessee
TN015-010	Puett	Athens, Tennessee

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Athens Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2009 Five Year and Annual Agency Plan

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	Title
J. Ross Dodson, Jr.	Executive Director

Signature	Date (mm/dd/yyyy)
	7-10-2009

Previous edition is obsolete

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

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:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[a] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** year NA quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: Athens Housing Authority 199 Clark Street Athens, Tennessee 37303 **Congressional District**, *if known*:	NA **Congressional District**, *if known*:
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	**7. Federal Program Name/Description:** FFY 2009 Five Year and Annual Agency Plan CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*: NA	**9. Award Amount**, *if known*: $ 710,674
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): NA	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*): NA

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: J. Ross Dodson, Jr.
Title: Executive Director
Telephone No.: (423) 745-0341 Date: 7.10.2009

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

Comments of Resident Advisory Board

The Athens Housing Authority (AHA) conducted its Resident Advisory Board (RAB) Meeting at the AHA Community Room. The purpose of the meeting was to discuss the FY 2009 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the AHA arrived with the information. The Board showed favorable consideration to the FY 2009 PHA Agency Plan and only had comments relative to capital improvements. It was noted that the improvements the RAB would like to see undertaken have been included in the Plan.