

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
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1.0	PHA Information PHA Name: <u>Hanceville Housing Authority</u> PHA Code: <u>AL093</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>51</u> Number of HCV units: <u>NA</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
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: To promote adequate and affordable housing, economic opportunity and suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. First, reduce public housing vacancies which will increase supplied safe, decent, affordable housing to low income families, Next. Improve PHAS score (public housing management) increasing the quality of assisted housing in the local jurisdiction of the Authority. The Housing Authority will strive to meet the resident needs through resident comments and meetings. As HUD funding becomes available, the Authority will continue to maintain all properties to the highest standards possible, and finally, to ensure equal opportunity and to affirmatively further fair housing.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Elements of the plan have not changed since the submission. The Capital Fund Plan changes as areas of remodeling progress, but the overall goal remains the same. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The Five Year Plan is on file and available for review at the main business office at the Hanceville Housing Authority .				
7.0	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>				
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> <p>ATTACHED: Attachment A CFP 2006 – al093a01 Attachment B CFP 2007 – al093b01 Attachment C CFP 2008 – al093c01 Attachment D CFP 2009 – al093d01 Attachment E CFRG 2009 – al093e01 Attachment F CFP 2010 – al093f01</p>
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> <p>Attachment G - 5 year action plan – al093g01</p>
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	<p>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.</p> <p>The Hanceville Housing Authorities’ waiting lists include a diverse group of families all of whom meet the criteria of low income or very low-income families. The properties address the needs of families from single member elderly families to large families. The goal is to effectively manage the PHA to meet needs of all types of families. We also strive to seek problem-solving partnerships with residents, community, and government leadership</p>
9.1	<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>The strategy is to decrease vacancies, fully utilize funding, and continuously renovate in order to provide decent, safe and affordable housing.</p>
10.0	<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> <ul style="list-style-type: none"> - The Hanceville Housing Authority has worked closely with local law enforcement in order to promote and obtain a safe living environment. - The Hanceville Housing Authority continued to improve the quality of assisted housing by renovating and/or modernizing public housing units. - The Authority has incorporated all goals and objectives recommended by HUD, and are utilizing documents provided by HUD. This will remain a goal of the Housing Authority and every effort to insure full compliance with this Act will be made. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The PHA considers changes that substantially deviate from the HUD approved plan to be work item(s) that would have an impact of equal to or greater than 50% of our residents / participants in the specific program area. This impact would be financial and/or policy implementation reasons.</p>

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)

- a. **Attachment H – al093h01 - Civil Rights Certifications**
- b. **Attachment I– al093i01 - Drug Free Workplace**
- c. **Attachment J– al093j01 - Payments to Infl Fed Trans**
- d. **Attachment K– al093k01 - Lobbying**
- e. **Attachment K– al093k01 - Continuation Lobbying Activities**
- f. **Attachment L – al093l01 - Resident Advisor Board Meeting and Comments**
- g. **NONE**
- h. **Attachments A thru F - al093a01 (2006), al093b01(2007),al093c01 (2008), al093d01(2009), al093e01(CFRG), al093f01(2010)**
- i. **Attachment G – al093g01 – 5 Year Action Plan**

Violence Against Women

Other PHA Goals and Objectives: Annual Plan beginning July 1, 2010.

The Hanceville Housing Authority will comply and support the Violence Against Women and Justice Department Reauthorization Act 2005:

HUD published Notices: PIH 2006-23 and PIH 2006-42 for Implementation of the Violence Against Women and Justice Reauthorization Act 2005 (VAWA). The VAWA prohibits the eviction of, and removal of assistance from certain persons living in public or Section 8 assisted housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking as those terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA. The HA distributed notices to all residents informing them that the HA would not evict or terminate victims of criminal domestic violence, dating violence, sexual assault or staking, as well as members of the victims' family listed on the dwelling lease. The HA would only take action to have the person committing the violence removed from the dwelling lease for the protection of the family. Based on the requirements contained in HUD Notice 2006-23, the HA developed certification forms for victims to certify that the alleged incident of abuse are bona fide and agree to have the alleged abuser removed from the dwelling lease. (AHA certification form and HUD form 50066). The HA will also allow the victim and remaining family members to relocate for safety reasons to another public housing development managed by the HA. To inform new public housing households of the requirements of VAWA, the HA developed a notice that is covered with the Public Housing household during the leasing session. Each person participating in the lease session is also required to sign the notice that explains the requirements of VAWA.

It is the goal of the HA not to evict any public housing resident who is a victim of violence covered under VAWA and that certifies to the alleged abuse and complies with the terms of the certification.

Part I: Summary

PHA Name: Hanceville Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P09350108 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending 12/31/2009
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 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 6-29-2010	Signature of Public Housing Director	Date
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Part II: Supporting Pages								
PHA Name: Hanceville Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P09350106 Replacement Housing Factor Grant No.: CFFP (Yes / 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	Operations	1406						
PHA Wide	Mgt Improvements - Office Equipment Up	1408			\$ 6,660	\$ 6,660	\$ 6,660	
PHA Wide	Administration	1410						
PHA Wide	Architect Fees	1430		\$ 8,000	\$ 8,800	\$ 8,800	\$ 8,800	
PHA Wide	Community Building	1470		\$ 76,134	\$ 66,675	\$ 66,675	\$ 66,675	
PHA Wide	Non Dwelling Equip - Maint Tools	1475			\$ 1,999	\$ 1,999	\$ 1,999	

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: Hanceville Housing Authority				Federal FFY of Grant: 2006			
Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ¹
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/31/2008			12/31/2009			

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.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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: Hanceville Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P09350107 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval
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Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending 12/31/2009
 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 6-29-2010		Signature of Public Housing Director _____	
				Date	

PAGE 18
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 06/29/2010 11:25
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Part II: Supporting Pages									
PHA Name: Hanceville Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P09350107 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2007			
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Final Performance and Evaluation Rep		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	Operations	1406		\$	8,100		\$ 8,100	\$ 8,100	
PHA Wide	Mgt Improvements - Office Equipment Up	1408		\$	1,000		\$ 1,000	\$ 1,000	
PHA Wide	Architect Fees	1430		\$	5,000		\$ 5,000	\$ 5,000	
PHA Wide	Apartment Rehabilitation	1460		\$	60,020		\$ 60,020	\$ 60,020	
PHA Wide	Non Dwelling Equip - Mower	1475		\$	7,000		\$ 7,000	\$ 7,000	
PHA Wide	Site Acquisition	1440		\$	5,000		\$ 5,000	\$ 5,000	

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: Hanceville Housing Authority						Federal FFY of Grant: 2007	
Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			<input checked="" type="checkbox"/> Final Performance and Evaluation Report			Reasons for Revised Target Dates ¹
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/31/2008			12/31/2009			

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: Hanceville Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P09350108 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending 12/31/2009
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 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 <i>Mulle White</i>	Date 6-29-2010	Signature of Public Housing Director	Date
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Part II: Supporting Pages									
PHA Name: Hanceville Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P09350108 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2008			
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Final Performance and Evaluation Rep		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	Operations	1406		\$	8,100				
PHA Wide	Mgt Improvements - Office Equipment Up	1408		\$	1,000	\$	2,175	\$	569
PHA Wide	Architect Fees	1430		\$	5,000	\$	9,570	\$	9,570
PHA Wide	Apartment Rehabilitation	1460		\$	63,215				
PHA Wide	Dwelling Equip	1465				\$	5,000	\$	2,668
PHA Wide	Non Dwelling Equip - Mower	1475		\$	7,000				
PHA Wide	Non Dwelling Struc	1470				\$	67,570	\$	67,570
						\$	11,798	\$	11,798

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: Hanceville Housing Authority						Federal FFY of Grant: 2008	
Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			<input checked="" type="checkbox"/> Final Performance and Evaluation Report			Reasons for Revised Target Dates ¹
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/31/2009			12/31/2010			

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: Hanceville Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P09350108 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval
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Type of Grant

<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending 12/31/2009		<input checked="" type="checkbox"/> 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	
		6-29-2010			

Part II: Supporting Pages								
PHA Name: Hanceville Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P09350109 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2009		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Final Performance and Evaluation Rep		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406						
PHA Wide	Mgt Improvements - Office Equipment Up	1408						
PHA Wide	Architect Fees	1430		\$	6,900			
PHA Wide	Apartment Rehabilitation	1460		\$	76,975			
PHA Wide	Dwelling Equip	1465						
PHA Wide	Non Dwelling Equip - Mower	1475						
PHA Wide	Non Dwelling Struc	1470						

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: Hanceville Housing Authority						Federal FFY of Grant: 2009	
Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			<input checked="" type="checkbox"/> Final Performance and Evaluation Report			Reasons for Revised Target Dates ¹
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/31/2011			12/31/2012			

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: Hanceville Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09S09350109 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval
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Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 12/31/2009	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		9,606	9,606	5,624
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		97,120	97,120	
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid VIA System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (sum of lines 2 - 19)		106,726	-	106,726
21	Amount of line 20 Related to LBP Activities		-		
22	Amount of line 20 Related to Section 504 Activities		-		
23	Amount of line 20 Related to Security - Soft Costs		-		
24	Amount of line 20 Related to Security - Hard Costs		-		
25	Amount of line 20 Related to Energy Conservation Measures				

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 II: Supporting Pages								
PHA Name: Hanceville Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09S09350109 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2010		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Final Performance and Evaluation Rep		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Architect Fees	1430		\$	5,000			
PHA Wide	Apartment Rehabilitation	1460		\$	46,541			

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: Hanceville Housing Authority						Federal FFY of Grant: 2009	
Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			<input checked="" type="checkbox"/> Final Performance and Evaluation Report			Reasons for Revised Target Dates ¹
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	9/30/2010			9/30/2011			

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: Hanceville Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P09350108 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending 12/31/2009
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 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 6-29-2010	Signature of Public Housing Director	Date
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Part II: Supporting Pages								
PHA Name: Hanceville Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P09350110 Replacement Housing Factor Grant No.: CFFP (Yes / No):				Federal FFY of Grant: 2010		
Development Number Name/HA - Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Final Performance and Evaluation Rep		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations	1406		\$	19,834			
PHA Wide	Mgt Improvements - Office Equipment Up	1408		\$	1,500			
PHA Wide	Administration	1410		\$	10,000			
PHA Wide	Architect Fees	1430		\$	5,000			
PHA Wide	Apartment Rehabilitation	1460		\$	46,259			
PHA Wide	Dwelling Equip	1465						
PHA Wide	Non Dwelling Equip - Mower	1475		\$	1,000			
PHA Wide	Non Dwelling Struc	1470						

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: Hanceville Housing Authority					Federal FFY of Grant: 2010		
Development Number Name/HA - Wide Activities	All Fund Obligated (Quarter Ending Date)			<input checked="" type="checkbox"/> Final Performance and Evaluation Report			Reasons for Revised Target Dates ¹
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/31/2012			12/31/2013			

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.

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

PHA Name Hanceville Housing Authority		X Original 5-Year Plan Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant:2011 PHA FY:06/30/2010	Work Statement for Year 3 FFY Grant:2012 PHA FY:06/30/2011	Work Statement for Year 4 FFY Grant:2013 PHA FY:06/30/2012	Work Statement for Year 5 FFY Grant:2014 PHA FY:06/30/2013
	Annual Statement				
PHA Wide		\$ 83,593	\$ 83,593	\$ 83,593	\$ 83,593
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
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		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
CFP Funds Listed for 5-year planning		\$ 83,593	\$ 83,593	\$ 83,593	\$ 83,593
Replacement Housing Factor Funds					

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

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 Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing.

HANCEVILLE HOUSING AUTHORITY

93-1

 PHA Name

 PHA Number/HA Code

<small>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)</small>	
Name of Authorized Official MICHELLE WHITAKER	Title EXECUTIVE DIRECTOR
Signature 	Date 06/29/2010

NOTES TAKEN ON THE ADVISORY BOARD

HANCEVILLE HOUSING AUTHORITY

THE COMMISSIONERS OF THE HOUSING AUTHORITY ELECTED BETTY ANN DILBECK AS OUR NEW MEMBER OF THE BOARD WHO IS ALSO ON OUR ADVISORY BOARD AS SHE LIVES IN THE HOUSING AUTHORITY. SHE WAS ELECTED ON MARCH 17TH 2010.

THINGS THAT WERE BROUGHT TO OUR ATTENTION BY OUR ADVISORY BOARD WERE THE SAFETY OF OUR CHILDREN IN THE HOUSING AUTHORITY. WE TALKED TO THE MAYOR OF HANCEVILLE KENNETH NAIL AND HE PUT US UP NEW 15MPH SIGNS. SOME PEOPLE STILL DO NOT ABIDE THE SPEED LIMIT SO WE ARE NOW DISCUSSING GETTING SPEED BUMPS PUT ON OUR ROADS. ALSO A MAIN CONCERN FOR OUR TENANTS IS LIGHTING IN THE PROJECTS AT NIGHT. THE MAYOR ALSO PUT A STREET LIGHT UP ON THE OLD SIDE OF THE PROJECT. WE STILL NEED TO GET OUR STREET LIGHTS ON THE NEWSIDE FIXED FOR SOME OF THEM OUT. HOPEFULLY WE WILL HAVE THIS PROJECT DONE IN THE NEAR FUTURE.

MICHELE WHITAKER

EXECUTIVE DIRECTOR

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

HANCEVILLE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITOL FUND

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.)

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)

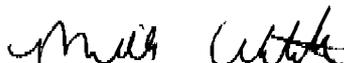
Name of Authorized Official

MICHELLE WHITAKER

Title

EXECUTIVE DIRECTOR

Signature

X 

Date

06/29/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

HANCEVILLE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

CAPITOL FIND

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

MICHELLE WHITAKER

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

06/29/2010

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input 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 type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: 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: <u>Michelle Whitaker</u> Print Name: <u>MICHELLE WHITAKER</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>256-352-6600</u> Date: <u>06/29/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

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 Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing.

HANCEVILLE HOUSING AUTHORITY

93-1

PHA Name

PHA Number/HA Code

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	MICHELLE WHITAKER
Title	EXECUTIVE DIRECTOR
Signature 	Date 06/29/2010

NOTES TAKEN ON THE ADVISORY BOARD

HANCEVILLE HOUSING AUTHORITY

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