

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <b>ALTOONA HOUSING AUTHORITY</b> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: <b>01/2010</b> PHA Code: AL102				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>97</b> Number of HCV units: _____				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>The mission of the Authority is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</b>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>GOALS: Reduce the vacancies and turn-around times. Implement security improvements with-in the developments in cooperation with the local Police Depts.</b>  <b>The Authority has met the goals and objections as outlined in previous 5 year plan. Renovation has been completed as outline.</b>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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. A: <b>No change</b> B: <b>Copies of the 5 year plan are available at the Central office, located at 293 Denson Ave. Boaz, Al and at each Development office.</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFP financing. <b>COPIES ARE INCLUDED</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.  <b>COPY IS INCLUDED</b>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>The Authority has been able to serve all the low-income, very-low income and extremely low income families that reside in the jurisdiction of the Authority. The waiting lists are very small for all size units.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  <b>The Authority is striving to reduce the turn-around times of vacate units and reduce the waiting time of applicants on the waiting lists.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <b>THE AUTHORITY HAS MET THE GOALS AS OUTLINED IN THE 5 YEAR PLAN.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><b>SIGNIFICANAT AMENDMENT—This would be the addition of emergency and non –emergency work items that were not included in the 5-year plan or annual plan, but require immediate attention to correct potential problems areas.</b></p> <p><b>SUBSTANTIAL DEVIATION---The addition or deletion of any new or old program or activity, changes to rent or admission policies to the 5-year or annual plan. A substantial decrease of funds in the Capital Fund program that would elimate or modify modernization work items that have already been approved and that would require the Board of Commissioners to establish priorities for the required modernization work based of the availability of funds.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

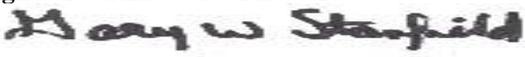
<b>Part I: Summary</b>						
PHA Name:ALTOONA HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: <b>AL09O10250110</b> Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	<b>Total non-CFP Funds</b>					
2	<b>1406 Operations (may not exceed 20% of line 21) <sup>3</sup></b>					
3	<b>1408 Management Improvements</b>					
4	<b>1410 Administration (may not exceed 10% of line 21)</b>	<b>2,000.00</b>				
5	<b>1411 Audit</b>	<b>4,000.00</b>				
6	<b>1415 Liquidated Damages</b>					
7	<b>1430 Fees and Costs</b>	<b>4,500.00</b>				
8	<b>1440 Site Acquisition</b>					
9	<b>1450 Site Improvement</b>					
10	<b>1460 Dwelling Structures</b>	<b>75,000.00</b>				
11	<b>1465.1 Dwelling Equipment—Nonexpendable</b>					
12	<b>1470 Non-dwelling Structures</b>					
13	<b>1475 Non-dwelling Equipment</b>					
14	<b>1485 Demolition</b>					
15	<b>1492 Moving to Work Demonstration</b>					
16	<b>1495.1 Relocation Costs</b>					
17	<b>1499 Development Activities <sup>4</sup></b>					

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> ALTOONA HOUSING AUTH,		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09P10250110</b> Replacement Housing Factor Grant No: Date of CFPP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	<b>46,084.66</b>			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	<b>11,808.34</b>			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	<b>143,393.00</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 09/08/2009</b>		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

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





<b>Part I: Summary</b>						
PHA Name:ALTOONA HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: <b>AL09P10250109</b> Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
<b>1</b>	<b>Total non-CFP Funds</b>					
<b>2</b>	<b>1406 Operations (may not exceed 20% of line 21) <sup>3</sup></b>					
<b>3</b>	<b>1408 Management Improvements</b>					
<b>4</b>	<b>1410 Administration (may not exceed 10% of line 21)</b>	<b>2,000.00</b>				
<b>5</b>	<b>1411 Audit</b>	<b>4,000.00</b>				
<b>6</b>	<b>1415 Liquidated Damages</b>					
<b>7</b>	<b>1430 Fees and Costs</b>	<b>4,500.00</b>				
<b>8</b>	<b>1440 Site Acquisition</b>					
<b>9</b>	<b>1450 Site Improvement</b>					
<b>10</b>	<b>1460 Dwelling Structures</b>	<b>75,000.00</b>				
<b>11</b>	<b>1465.1 Dwelling Equipment—Nonexpendable</b>					
<b>12</b>	<b>1470 Non-dwelling Structures</b>					
<b>13</b>	<b>1475 Non-dwelling Equipment</b>	<b>9,834.00</b>				
<b>14</b>	<b>1485 Demolition</b>					
<b>15</b>	<b>1492 Moving to Work Demonstration</b>					
<b>16</b>	<b>1495.1 Relocation Costs</b>	<b>1,000.00</b>				
<b>17</b>	<b>1499 Development Activities <sup>4</sup></b>					

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

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

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> ALTOONA HOUSING AUTH,		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09P10250109</b> Replacement Housing Factor Grant No: Date of CFPP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	<b>47,058.91</b>			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	<b>143,393.00</b>			
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 09/08/2009</b>		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

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

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

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

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





<b>Part I: Summary</b>					
PHA Name: ALTOONA HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: <b>AL09S10250109</b> Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<b>10,925.00</b>	<b>10,295.00</b>	<b>10,295.00</b>	<b>10,295.00</b>
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	<b>171,168.00</b>	<b>171,168.00</b>	<b>171,168.00</b>	<b>73,385.53</b>
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> ALTOONA HOUSING AUTH.	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09S10250109</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	<b>182,093.00</b>	<b>182,093.00</b>	<b>182,093.00</b>	<b>84,310.53</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 8/13/2009</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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

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





<b>Part I: Summary</b>					
<b>PHA Name: ALTOONA HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09P10250108</b> Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	2,000.00	629.58	629.58	629.58
5	1411 Audit	4,000.00	1,000.00	1,000.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,500.00	4,500.00	4,500.00	4,500.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	75,000.00	41,767.03	41,767.03	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0.00	47,968.33	47,968.33	25,000.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	1,000.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

form HUD-50075.1 (4/2008)

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> ALTOONA HOUSING AUTH.	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>AL09P10250108</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	47,991.06	47,991.06	47,991.06	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	9,364.94	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	143,856.00	143,856.00	143,856.00	30,129.58
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 08/13/2009</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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

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





Capital Fund Program-Five Year Action Plan

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

<b>PART I: SUMMARY</b>						
PHA: ALTOONA HOUSING AUTH			Locality (BOAZ, MARSHALL, ALABAMA)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B	Physical Improvements Subtotal	Annual Statement	85,000.63	85,000.15	81,395.36	65,500.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					20,250.00
E	ADMINISTRATION		2,000.00	2,000.00	2,000.00	2,000.00
F.	Other		11,274.00	12,264.00	12,040.00	8,992.70
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		45,118.37	44,128.85	47,957.64	46,650.30
K.	Total CFP Funds					
L.	Total Non-CFP Funds		143,393.00	143,393.00	143,393.00	143,393.00
M.	Grand Total		143,393.00	143,393.00	143,393.00	143,393.00





## **BOARD OF COMMISSIONERS**

A meeting was held on August 20, 2009 with the Board of Commissioners on the 5 year and Annual plan being prepared for FY2010. Items discussed were the work items that were planned, depending on the funding received by the Authority. Items included installing metal roofs, installing security screens, adding additional parking bays if needed, landscaping all developments where as needed **BOARD WAS PLEASED WITH THE WORK PLANNED AND NO COMMENTS WERE RECEIVED.**

## **RESIDENT ADVISORY COUNCIL**

A meeting was held on August 25, 2009 with the Resident Advisory Councils from Altoona Homes, Snead Homes and Walnut Grove Homes. Residents were invited to attend, but none were present. Items discussed with the Council were the on-going work items and work that was planned if funds become available. Council was advised, Security screens will be installed on all windows, some landscaping would be completed and would try to add some additional parking spaces. Comments received were; what kind of landscaping was planned and could some grass be sowed in bare places. All comments were addressed. **COUNCIL WAS PLEASED WITH THE WORK PROPOSED AND WHAT HAD BE ACCOMPLISHED.**

## **PUBLIC HEARINGS**

Notice was published in local newspaper informing the public of the hearing to be held concerning the 5-year and Annual Plans. The date was as follows;

September 15, 2009---ALTOONA HOMES

Public hearing was held on the above date and no comments were received.

## **VIOLENCE AGAINST WOMEN ACT**

**The Altoona Housing Authority is striving to fully comply with all requirements of the Violence against women Act. The Authority will not deny admission to an applicant who has been a victim of domestic violence, dating violence, or stalking. To be admitted to the program the applicant must meet all other admission requirements.**

**The Authority will not terminate assistance to a victim of domestic violence, dating violence, or stalking based solely on an incident or threat of such activity. The Authority still retains the right to terminate assistance for other criminal activity or good cause.**

**The Authority when notified of cases of domestic violence, dating violence, sexual assault or stalking, the victims are referred to the agencies in the Altoona and the Etowah county area.**

**The Authority provides all applicants with information regarding the Violence Against Women Act during the application process.**