

<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: Public Housing Authority of the City of Magnolia, AR PHA Code: AR 18 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: (MM/YYYY): 01/2010																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 180 Number of HCV units: N/A																										
<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.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 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>Magnolia Housing Authority shall at all times develop and operate each development solely for the purpose of providing decent, safe and sanitary housing for all eligible families in a manner that promotes the serviceability, economy, efficiency and stability of the developments, and the economic and social well-being of the residents in an 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>Increase customer security and satisfaction; concentrate on efforts to improve specific management improvements, operational policies and procedures. Renovate or modernize public housing units. Maintain high performer status.</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>None.</b> (b) Identify the specific location(s) where the public may obtain copies have the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>The PHA 5 Year and Annual Plan and all supporting documentation may be viewed at the Main PHA Office, 100 Meadowbrook Lane, Magnolia, AR, during regular business hours.</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>None.</b>																										
<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 submits the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>Attached</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 submits 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>Attached</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. <b>None.</b>																										
<b>9.0</b>	<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>Magnolia Housing Authority receives no funding from any of the designated federal programs (CDBG, HOME, ESG or HOPWA). Magnolia Housing Authority calculates rents based on Fair Market Values and required HUD applicant/resident income regulations.</b>																										

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> Our current number of units, along with the other federal housing projects and Section 8 units in the community appears to be sufficient, since we are able to keep all our units filled with a minimum number of families on any of the wait lists with completed applications.</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. MHA mission and goals are set up in such a manner as to be continuing. We are never satisfied with the status quo, we always strive to improve in all aspects of our performance.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Significant Amendments or Modifications to the annual plan, requiring the full public review process before inclusion in the plan include:</p> <ol style="list-style-type: none"> <li>1. Changes to the rent or admission policies or in the organization of the waiting list.</li> <li>2. Addition of non-emergency work items which are not included in the current annual statement or five-year plan.</li> <li>3. Changes in the use of replacement reserve funds under the Capital Fund Program.</li> <li>4. Any change with regard to demolition, disposition or designation.</li> </ol> <p>NOTE: An exception to this definition will be made for any item changed to reflect new or changed regulatory requirements by HUD. Any such change will be considered a substantial deviation as opposed to a significant amendment.</p> <p>Substantial deviation from the 5-Year Plan requiring a review by the Resident Advisory Board before inclusion include:</p> <ol style="list-style-type: none"> <li>1. Any alteration of our mission statement.</li> <li>2. Any change or amendment to a stated strategic goal.</li> <li>3. Any change or amendment to a strategic objective UNLESS that change is a result of the objective having been met.</li> <li>4. Inclusion of any new strategic goal or objective.</li> <li>5. Any alteration in the Capital Fund Program affecting more than 20% of the annual budget for that year.</li> </ol> <p>The following was added to our ACOP and lease based on Board action contained in an application section pertaining to Violence Against Women:</p> <p style="padding-left: 40px;">“PROTECTIONS FOR VICTIMS OF ABUSE</p> <ol style="list-style-type: none"> <li>(1) An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other “good cause” for termination of the assistance, tenancy, or occupancy rights of such a victim.</li> <li>(2) Criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of domestic violence, or stalking.</li> <li>(3) This does not limit the authority of the PHA to terminate assistance for other criminal activity or good cause.”</li> </ol>
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>

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>						
PHA Name: Magnolia Housing Authority		Grant Type and Number Capital Fund Program Grant No: AR37P01850110 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	Total non-CFP Funds					
2	1406 Operations	40,000		0	0	
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	18,000		0	0	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	15,000		0	0	
9	1450 Site Improvement	49,933		0	0	
10	1460 Dwelling Structures	95,000		0	0	
11	1465.1 Dwelling Equipment—Nonexpendable	20,000		0	0	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	5,063		0	0	
15	1492 Moving to Work Demonstration					
17	1499 Development Activities <sup>4</sup>					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	242,996		0	0	
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	115,000		0	0	
Signature of Executive Director		Date: 09/11/2009		Signature of Public Housing Director:     Date:		

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Magnolia Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P01850110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	<b>Operations</b>	1406						
	Operations	1406	1	40,000		0		Not Started
	<b>BLI Total</b>			<b>40,000</b>				
PHA Wide	<b>Administration</b>	1410						
	CFP Coordinator Salary	1410.2	1	10,000		0		Not Started
	CFP Inspector Salary	1410.2	1	5,000		0		Not Started
	Advertising	1410.19	1	3,000		0		Not Started
	<b>BLI Total</b>			<b>18,000</b>				
PHA Wide	<b>Fees &amp; Costs</b>	1430						
	Hire A& E	1430	1	15,000		0		Not Started
	<b>BLI Total</b>			<b>15,000</b>				
AR 18-3	<b>Site Improvement</b>	1450						
	Remodel concrete work at BLDG 126 in Sherwood Drive to remove flooding in Heavy rains	1450	1	15,000		0		Not Started
AR 18-3	Replace all timbers on patio benches	1450		5,000		0	0	Not Started
AR 18-3	Repair erosion damage and pave parking Area and drive way at 150/154	1450	1	29,933		0		Not Started
	<b>BLI Total</b>			<b>49,933</b>				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: Magnolia Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: AR37P01850110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	<b>Dwelling Units</b>	1460						
	Install insulation blankets on all water heaters	1460	1	55,000		0		Not Started
	Remove tempering valves from all units In 18-3	1460	1	40,000		0		
	<b>BLI Total</b>			<b>95,000</b>				
PHA Wide	<b>Dwelling Equipment – Nonexpendable</b>	1465.1						
	Replacement A/C equipment	1465.1	1	20,000		0		Not Started
	<b>BLI Total</b>			<b>20,000</b>				
PHA Wide	<b>Non-dwelling Equipment</b>	1475						
	Purchase line locator and spray paint can Holder for marking our under ground utility lines One Call will not mark	1475	1	5,063		0		Not Started
	<b>BLI Total</b>			<b>5,063</b>				
	<b>Budget Total</b>	<b>ALL</b>		<b>242,996</b>				

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



**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 Name/Magnolia Housing Authority		Locality: Magnolia, Columbia, Arkansas			<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	112,000	117,000	142,000	142,000
C.	Management Improvements		0	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment		50,000	45,000	20,000	20,000
E.	Administration		18,000	18,000	18,000	18,000
F.	Other		20,000	20,000	20,000	20,000
G.	Operations		50,000	50,000	50,000	50,000
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		250,000	250,000	250,000	250,000
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		250,000	250,000	250,000	250,000







