

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> Pike County Housing Authority </u> PHA Code: <u> AR045 </u> 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): <u> 04/01/2010 </u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u> 28 </u> Number of HCV units: <u> 62 </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
					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: Supply rental assistance to the qualified needy of Pike County as funding is available.				
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. To work with and support other rental agency's in the area, keep all HA rental property in good repair that we can offer safe. Sanitary and decent housing to qualified applicants.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: AR37P045501-07 Revised – change line item #1450 to line item #1460 that will be used with “ARRA” Project #1911. (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. H. A. Office located at: 908 Dixon Circle, Murfreesboro, AR 71958				
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	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.				
8.2	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.				
8.3	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.				

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>We currently have 38 applications on our PH and S-8 waiting list. The applicants range in age from 18 to 85 years old and have needs of 1 to 3 bedrooms. Our turnover in PH is relatively low and we are to capacity on S-8 vouchers.</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>With the poverty level very high in Pike County, the need for subsidized housing is also very high and we continue to work with othe rental agencies and property owners to share our waiting list. We will apply for additional S-8 vouchers.</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> <p>Our goals have not been met due to reduced funding from estimated amount of Grants when five year plan was submitted.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>The PHA’s definition of “significant amendment” is, there is not enough money to complete all projects.</p>
11.0	<p>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.</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>

Part I: Summary	
PHA Name: Pike County Housing Authority	Grant Type and Number Capital Fund Program Grant No: AR37P045501-10 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	17,000			
3	1408 Management Improvements	5,000			
4	1410 Administration (may not exceed 10% of line 21)	3,800			
5	1411 Audit	5,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2,000			
10	1460 Dwelling Structures	3,000			
11	1465.1 Dwelling Equipment—Nonexpendable	2,500			
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 ⁴				

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.

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

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 Office of Public and Indian Housing
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Part I: Summary					
PHA Name: Pike County Housing Authority		Grant Type and Number Capital Fund Program Grant No: AR37P045501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
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 ¹	
		Original	Revised ²	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)	38,300			
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				
Signature of Executive Director		Date 04/01/2010		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: Pike County Housing Authority			Grant Type and Number Capital Fund Program Grant No: AR37P045501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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 ¹	Funds Obligated ²	Funds Expended ²	
AR045 PHA Wide	Operations	1406	1	17,000				
	Management Improvement	1408	1	5,000				
	Administration	1410	1	3,800				
	Audit	1411	1	5,000				
	Site Improvement - Yard Work	1450	1	2,000				
	Dwelling Structures - Flooring	1460	2	3,000				
	Non-Dwelling Equipment Stoves and Refrigerators	1465.1	3	2,500				
	ToTal Cost			38,300				

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Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number - Pike County Housing Authority		Locality (City/County & State) Murfreesboro, Pike, 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				
C.	Management Improvements	5,000	3,000	3,000	5,000	3,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration	3,800	4,100	4,500	4,600	5,300
F.	Other **	12,500	12,500	14,500	15,000	15,200
G.	Operations		17,000	21,900	23,600	29,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	38,300	41,500	45,600	48,600	52,500

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary (Continuation)						
PHA Name/Number - Pike County Housing Authority		Locality (City/county & State) Murfreesboro, Pike, Arkansas			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name Pike County Hou Auth AR045	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____
	OTHER **	Annual Statement				
	1411 - Audit	5,000	5,000	5,000	5,000	5,000
	1450 – Site Improvement	2,000	2,000	2,000	2,000	2,000
	1460–Dwelling Structures	3,000	3,000	5,000	4,500	3,700
	1465.1 – Dwelling Equip. Non-Expendable	2,500	2,500	2,500	2,500	2,500
		38,300	41,500	45,600	48,600	52,500

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
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I: Summary

Name: Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
Performance and Evaluation Report for Period Ending:			
Summary by Development Account		Total Actual Cost ¹	
	Original	Revised ²	Obligated
1501 Collateralization or Debt Service paid by the PHA			Expended
9000 Collateralization or Debt Service paid Via System of Direct Payment			
1502 Contingency (may not exceed 8% of line 20)			
Amount of Annual Grant: (sum of lines 2 - 19)			
Amount of line 20 Related to LBP Activities			
Amount of line 20 Related to Section 504 Activities			
Amount of line 20 Related to Security - Soft Costs			
Amount of line 20 Related to Security - Hard Costs			
Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director	Signature of Public Housing Director		Date
<i>(Signature)</i>	<i>(Signature)</i>		<i>05-28-2010</i>

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