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

1.0	**PHA Information** PHA Name: Housing Authority of the City of Byron, GA PHA Code: ga 243 PHA Type: ☒ Small ☐ High Performing ☒ Standard **BYRHA is designated as a qualified PHA** ☐ HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): **07/01/10**
2.0	**Inventory** (based on ACC units at time of FY beginning in 1.0 above) Number of PH units **32 units**: Number of HCV units: **0**
3.0	**Submission Type** ☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only
4.0	**PHA Consortia** ☐ 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. **SEE BELOW**
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: **The mission of the BYRHA 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.**

5.2	**Goals and Objectives. The BYRHA goals and objectives include:** **HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.** 1. PHA Goal: Expand the supply of assisted housing Objectives: 1. Continue to reduce public -going) 2. Study feasibility to build or acquire units and confer with the City of Byron as to applicability of additional housing units for area, to include conversion or (0) bedrooms. housing vacancies by utilizing effective maintenance procedures for unit turn-around time. (on 2. PHA Goal: Improve the quality of assisted housing Objectives: 1. Continue to improve public housing management. (PHAS score) 2. Increase customer satisfaction by conducting a customer satisfaction survey and implement tasks designed to foster increased positive customer relations. 3. Concentrate on efforts to improve specific management functions specifically, to have more efficient unit inspections. 4. Renovate or modernize public housing units by utilizing capital funds and excessive reserves for unit improvement. **HUD Strategic Goal: Improve community quality of life and economic vitality** 1. PHA Goal: Provide an improved living environment Objectives: 1. Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments promote working families. 2. Implement public housing security improvements by continuing to work with the local police department to have concentrated officers and physical security measures in place. **HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals** 1. PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: 1. Increase the number and percentage of employed persons in assisted families. 2. Provide or attract supportive services to improve assistance recipients' employability. 3. Provide or attract supportive services to increase independence for the elderly or families with disabilities. **HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans** 1. PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: 1. Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability. 2. Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability. 3. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. **The BYRHA has prepared a Violence Against Women Act (VAWA) policy. The BYRHA policy is as follows:** Notwithstanding the provisions of the Lease, or any other provision contained herein, the following shall not be considered violations of the Lease constituting defaults and bases for terminating the tenancy or occupancy rights of a victim of domestic violence: 1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking perpetrated against the victim. 2. Criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of the Tenant's Household or any Guest or Other Person under the Tenant's Control, if the Tenant or immediate member of the Tenant's Household is a victim of that domestic violence, dating violence, or stalking; provided, however, landlord may divide this Lease for the purpose of evicting, removing or terminating the occupancy rights of a Household member, whether or not such Household member is a signatory to this Lease, who engages in criminal acts of physical violence against Family members or others, without evicting, removing or otherwise penalizing the victim of such violence, who is also a Tenant or lawful occupant of the Unit. The foregoing exceptions shall not apply unless the victim delivers to the landlord a certification on one of the following forms: a. A HUD-approved form supplied by BYRHA attesting that she/he is a victim of domestic violence, dating violence, or stalking and that the incident(s) in question are bona fide violations of such actual or threatened abuse; or b. Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, stalking, or the effects of the abuse, in which the professional states under penalty of perjury that the professional's belief that the incident(s) in question are bona fide incidents of abuse and the victim has signed or attests to the documentation; or c. A federal, state, or local police report or court record describing the crime or incident(s) in question. The victim must deliver the certification to the landlord within fourteen (14) business days after landlord requests the certification. If the victim does not deliver the certification to landlord within the aforesaid period, landlord may terminate the tenancy of the Tenant or any lawful occupant of the Unit including the victim. The foregoing exceptions, however, shall not limit the authority of the landlord to (i) honor court orders addressing rights of access or control of property, including civil protection orders issued to address the distribution or possession of property among Household members, (ii) evict a Tenant for any violation of this Lease not based on or connected with the act or acts of violence in question against the Tenant or member of Tenant's Household, provided that such victim is not held to a more demanding standard than other Tenants, and (iii) evict any Tenant if landlord can demonstrate an actual and imminent threat to other Tenants or those employed at or providing service to the property if that Tenant is not evicted.

6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **The BYRHA has not revised any documents and policies under the Operation and Management Element and the Violence Against Women Act (VAWA) of the PHA Plan since the last Annual Plan submission in April 2009. All policies are on file in locations cited in 6.0 (b)** (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 FY2010 Five Year and FY 2010 Annual Plan including attachments and PHA Plan Elements are available for public inspection at the Main Administrative Office of the BYRHA, the Main Administrative Office of the local government (City Hall) and the Public Library.**
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* **NOT APPLICABLE**
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable. NOT REQUIRED BUT INCLUDED **SEE ATTACHED HUD-50075.1 and HUD-50075.2**
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. **SEE ATTACHED REQUIRED REPORTS FOR GA06P243501-07, GA06P243501-08, GA06P243501-09, and GA06S243501-09, (GA06P243501-10 NOT REQUIRED BUT INCLUDED)**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. ***SEE ATTACHED PLAN FOR FY20111 - 2014.***
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. **NOT APPLICABLE**

9.0

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

The Comprehensive Plan of the City of Byron, Georgia does not list the statistics as applicable for compilation of the referenced data therefore; the BYRHA will continue to capture statistics in the format prescribed on the previous 50075 by citing the Housing Needs of the Families on the Waiting List (see chart listed below). The BYRHA has reviewed the Consolidated Plan for the City of Byron which states that the housing and community development needs are:

- **Regardless of tenure, income or household size, the most common problem affecting all households is cost burden.**
- **Cost burden is the most significant problem affecting both elderly and small family households. Overcrowding is the most significant concern of this household type,**
- **Insufficient income is the single largest barrier to affordable housing.**
- **Low and moderate income households are at high-risk of exposure to lead-based paint hazards such as chipping or peeling paint and dust.**

The Housing and Community Development Strategic Plan anticipates providing assistance to put extremely low, low, and moderate income households in affordable housing free of overcrowded, structurally substandard conditions, with supportive services where appropriate for populations with special need. The Strategic Plan Five-Year Objectives includes:

- **Rehabilitate or construct affordable rental units**
- **Provide rental assistance for very low and low income households**
- **Assist households to achieve or maintain homeownership in housing free of overcrowded and structurally substandard conditions.**
- **Assist organizations annually to provide housing and supportive services to the homeless.**
- **Assist organizations annually to provide housing and supportive services to Georgia's Special Need populations.**

Housing Needs of Families on the Waiting List

Waiting list type: (select one)
☐ Section 8 tenant-based assistance
☒ Public Housing as of 04/01/10
☐ Combined Section 8 and Public Housing
☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	15	100%	2
Extremely low income <=30% AMI	11	73.33	
Very low income (>30% but <=50% AMI)	4	26.67	
Low income (>50% but <80% AMI)	0	0	
Families with children	10	66.67	
Elderly families	2	13.33	
Families with Disabilities	3	20	
Race/ethnicity (w)	3	20	
Race/ethnicity (b)	12	80	
Race/ethnicity (a)	0		
Race/ethnicity (h/l)	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	5	33.34	
2 BR	6	40	
3 BR	2	13.33	
4 BR	2	13.33	
5 BR	0		
5+ BR	0		

Is the waiting list closed (select one)? ☐ No ☒ Yes
If yes:
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?
Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** **The BYRHA plans to address the housing needs of the families on the waiting list for the upcoming year through the following strategies: (1)** Maximizing the number of affordable units by employing effective maintenance and management policies to minimize the number of public housing units off-line; **(2)** Reducing turnover time for vacated public housing units; **(3)** Reducing the time it takes maintenance to renovate public housing units; **(4)** Utilizing proactive maintenance strategies for unit-turnaround; **(5)** Participating with the City of Byron in the Consolidated Plan development process to ensure coordination with the strategies for addressing affordable housing issues; **(6)** Continuing to employ rent policies to support and encourage self-sufficiency, **(7)** Continuing to extend preferences to the elderly, **(8)** Market to races/ethnicities shown to have disproportionate housing needs, and **(9)** Affirmatively market to local non-profit agencies that assist families.
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The BYRHA has addressed and is meeting the overall goals in the Five Year plan (2010-2014) which include: (1) Manage the Housing Authority's existing public housing program in an efficient and effective manner (2) Become a high performer under HUD's Management Assessment criteria and remove the "troubled" Agency status. (3) Reduce public housing vacancies. (4) Increase customer satisfaction. (5) Successfully complete the data required for timely submission of the 50058's. (6) Pursue a partnership initiative with the Byron Police Department. (7) Pursue resident initiatives to promote FSS initiatives. (8) Provide training to Residents, Staff and Commissioners. (9) Conduct a comprehensive, asset viability review to maximize the use of the BYHRA resources. The BYRHA did achieve all of the objectives established for FY 2009 as the Agency has completed all of the components of the MOU for removal of the "troubled designation, the Executive Director has implemented a comprehensive strategy to include increased monitoring procedures which should serve to restore the Agency to a standard performer status during the upcoming fiscal year. Additional personnel were hired to assist with improving the delivery of services. Also, the BYRHA focus is to minimize vacant units. It is the intent of the BYRHA to implement the goals and objectives in the Five-Year Plan (2010-2104) as all strategies for FY 2009 are consistent with the previous Plan as they are a continuation of efforts and resources. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The BYRHA in the submission of the FY 2010-2104 Five Year Plan has not deviated or significantly amended the goals and objectives established through the original, FY 2005-2009 Five-Year Plan. The Housing Authority will consider the following to be changes in the Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board and by the City for a public hearing before a corresponding change in the Agency Plan can be adopted. A significant deviation or alteration would have included the following: 1. Any alteration of the Authority's Mission Statement; 2. Any change or amendment to a stated Strategic Goal; 3. Any change or amendment to a stated Strategic Objective except in a case where the change results from the objective having been met; 4. Any introduction of a new Strategic Goal; 5. Any alteration in the Capital Fund Program Annual Plan that affects expenditure greater than $50,000 of the CFP Annual Budget for that year. 6. Changes to rent or admissions policies or organization of the waiting list; 7. Additions of work items (items not included in the current Annual Statement or 5-Year Plan) or change in use of replacement reserve funds under the Capital Fund that affects expenditure greater than $50,000 of the CFP Annual Budget for that year. 8. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. In setting the above criteria, the BYRHA intends by "Strategic Goal" specifically those items under those headings in its 5-Year Plan. Because the Annual Plan already requires annual review by the Resident Advisory Board and by Public Hearing, the Authority believes this annual process sufficient to meet the spirit of the Quality Housing and Work Responsibility Act of 1998. It expects that changes to the Annual Plan will be primarily administrative in nature. It believes, however, as shown in item #5 above, that significant changes in its planned modernization expenditures should be subject to a resident/public process. The BYRHA has also reviewed the requirements set out in HUD Notice PIH 99-51. It here incorporates the several additional criteria established by HUD for "substantial deviation" or "significant amendment or modification" to its Agency Plan. The BYRHA will also consider the following events to require a public process before amending such changes to its Agency Plan. The BYRHA acknowledges that an exception will be made by HUD to compliance with the above criteria for any of the above changes that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD. The BYRHA did not have any significant changes to the FY 2005-2009 Five Year Plan or the FY 2009 Annual Plan based on the criteria established as referenced for a significant alteration or deviation. (c) Memorandum of Agreement: The BYRHA submits on a monthly basis a progress report to the HUD Field Office addressing items conducive for removal of the troubled designation. The Housing Authority has made significant progress on meeting the goals established by HUD and should have all deficiencies and strategies addressed in FY09.

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)

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

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-*Year and Annual* PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X *5-Year and/or* ___ *Annual PHA Plan for the PHA fiscal year beginning* 2010 *, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
   - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
   - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
   - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
   - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
   - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
    (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
    (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
    (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the City of Byron	GA243
PHA Name	PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 2010 - 2014

____ Annual PHA Plan for Fiscal Years 20____ - 20____

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Mirian Brown	Executive Director
Signature: Mirian Brown	Date: 04/13/10

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.

Housing Authority of the City of Byron	GA243
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: Robert Smith	Title: Board Chair
Signature: Robert Smith	Date: 04/13/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Byron

Program/Activity Receiving Federal Grant Funding

FY2010 Agency Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Mirian Brown	Executive Director
Signature: x Mirian Brown	Date: 04/13/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Byron

Program/Activity Receiving Federal Grant Funding

FY2010 Agency Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Mirian Brown	Executive Director
Signature: Mirian Brown	Date (mm/dd/yyyy): 04/13/2010

Previous edition is obsolete

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

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

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

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☒ Prime ☐ Subawardee Tier _____, *if known*: **Congressional District**, *if known*:	N/A **Congressional District**, *if known*:
6. Federal Department/Agency: N/A	**7. Federal Program Name/Description:** N/A CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*: N/A	**9. Award Amount**, *if known*: $ N/A
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): N/A	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*): N/A
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 reported to the Congress semi-annually and 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 that $10,000 and not more than $100,000 for each such failure.	Signature: Mirian Brown Print Name: Mirian Brown Title: Executive Director Telephone No.: (478) 956-3135 Date: 04/13/2010
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Five Year Annual Plan

Resident's Suggestions for Improvements
April 12, 2010

Attendees: Mirian Brown, Executive Director
Robert Smith, Chairperson Phil Shannon, V. Chair Joe Rumph,
Commissioners, Willie Hamlin, Maintenance
Lawanda Canady, Office Assistant

Residents: Willie Mae Brooks, Kenyatta Brown, Kalasia Logan, Helen Woodson, Annie Green, Dollie Richardson, *Maggie Wheeler(108)guest

Kenyatta Brown recommended that the Housing Authority get a drop box for rent payment after hours.

Dollie Richardson and Helen Woodson wanted to have flowers planted around apartment.

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

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

Part I: Summary

PHA Name: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-07 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2007** **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: 12/31/09** ☒ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	6,300		6,300	6,300
3	1408 Management Improvements	8,000		8,000	8,000
4	1410 Administration (may not exceed 10% of line 21)	4,000		4,000	4,000
5	1411 Audit	6,000		6,000	6,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,322		3,322	3,322
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	13,830.00		13,830	13,830
11	1465.1 Dwelling Equipment—Nonexpendable	4,000		4,000	4,000
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

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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-07 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2007** **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: 12/31/09** ☒ **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)	45,452		45,452	45,452
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	18,830		18,830	18,830

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Meriam Brown	4-13-2010		

[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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-07 CFFP (Yes/ No): no Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2007**

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]	
PHA-WIDE	OPERATIONS	1406	1	6,300		6,300	6,300	COMPLETED
PHA-WIDE	MANAGEMENT IMPROVEMENTS	1408	1	8,000		8,000	8,000	COMPLETED
	Resident Staff and Commissioner Training.							
PHA-WIDE	ADMINISTRATION TOTAL	1410	1	4,000		4,000	4,000	COMPLETED
	Annual Plan Policy updates							
	Computer Upgrades							
	Maintenance Staff Support							
PHA-WIDE	AUDIT	1411	1	6,000		6,000	6,000	COMPLETED
PHA-WIDE	FEES & COSTS	1430	1	3,322		3,322	3,322	COMPLETED
	A&E							
GA243.01	DWELLING STRUCTURES	1460	16 units	13,830		13,830	13,830	COMPLETED
	Install air conditioners, upgrade heating and Elec. Systems, painting, Kitchen renovations include cabinets, painting							
GA243.01	DWELLING EQUIPMENT	1465		4,000		4,000	4,000	COMPLETED
	Stoves and Refrigerators							

[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.

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

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

Part II: Supporting Pages

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

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]	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Byron Housing Authority

Federal FFY of Grant: 2007

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	06/30/09	09/30/09	06/30/11	12/31/09	
GA243.01	06/30/09	09/30/09	06/30/11	12/31/09	

[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, 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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-08 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2008** **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: 12/31/09** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	4,400		4,400	4,400
3	1408 Management Improvements	5,000		1,500	1,500
4	1410 Administration (may not exceed 10% of line 21)	4,400		0	0
5	1411 Audit	6,000		6,000	6,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,400		4,400	0
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000		0	0
10	1460 Dwelling Structures	12,299		11,819	11,819
11	1465.1 Dwelling Equipment—Nonexpendable	3,000		2,442.08	654.12
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

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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: Ga06P243501-08 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2008** **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: 12/31/09** ☐ **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)	44,499		30,561.08	24,373.12
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 Miriam Brown	**Date** 4-13-2010	**Signature of Public Housing Director**	**Date**

[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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-08 CFFP (Yes/ No): no Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2008**

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]	
PHA-WIDE	OPERATIONS	1406	1	4,400		4,400	4,400	COMPLETED
PHA-WIDE	MANAGEMENT IMPROVEMENTS	1408	1	5,000		1,500	1,500	in progress
	Resident, Staff and Commissioner Training							
PHA-WIDE	ADMINISTRATION	1410	1	4,400		0	0	in progress
	Annual Plan updates, Computer Upgrades, Maintenance Staff support							
PHA-WIDE	AUDIT	1411	1	6,000		6,000	6,000	COMPLETED
PHA-WIDE	FEES & COST	1430	1	4,400		4,400	0	in progress
	A&E							
PHA-WIDE	SITE IMPROVEMENTS	1450	1	5,000		0	0	in progress
	Tree removal, Curb appeal, Sodding, Irrigation, Yard Maintenance, Landscaping, Sec. Lighting, Fencing/PHAWide							
GA243.01	DWELLING STRUCTURES	1460	4 units	12,299		11,819	11,819	in progress
	Install air conditioners, upgrade heating & electrical systems, painting, modernize kitchens including cabinets							
GA243.01	DWELLING EQUIPMENT	1465.1	as needed	3,000		2,442.08	654.12	in progress
	Stoves and Refrigerators							

[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.

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

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

Part II: Supporting Pages

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

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]	

[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.

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Byron Housing Authority

Federal FFY of Grant: 2008

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	06/13/10		06/30/12		
GA243.01	06/13/10		06/30/12		

[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, 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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1 effec. 9/09; #2 effec 4/10)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	4,400	4,400	4,400	4,400
3	1408 Management Improvements	5,000	2,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	4,400	4,400	0	0
5	1411 Audit	6,000	6,000	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,400	4,400	4,400	4,400
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000	7,500	0	0
10	1460 Dwelling Structures	12,067	14,067	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	3,000	1,500	0	0
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

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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: Ga06P243501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2009** **FFY of Grant Approval:**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1 eff 9/09; #2 effec 04/10)**

☒ **Performance and Evaluation Report for Period Ending: 12/31/09** ☐ **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)	44,267	44,267	8,800	8,800
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**	**Signature of Public Housing Director**	**Date**
Mirean Brown	4-13-2010		

[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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-09 CFFP (Yes/ No): no Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

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]	
PHA-WIDE	OPERATIONS	1406	1	4,400	4,400	4,400	4,400	completed
PHA-WIDE	MANAGEMENT IMPROVEMENTS	1408	1	5,000	2,000	0	0	not started
	Resident, Staff and Commissioner Training							
PHA-WIDE	ADMINISTRATION	1410	1	4,400	4,400	0	0	not started
	Annual Plan updates, Computer Upgrades, Maintenance Staff support							
PHA-WIDE	AUDIT	1411	1	6,000	6,000	0	0	not started
PHA-WIDE	FEES & COST	1430	1	4,400	4,400	4,400	4,400	completed
	A&E							
PHA-WIDE	SITE IMPROVEMENTS	1450	1	5,000	7,500	0	0	not started
	Tree removal, Curb appeal, Sodding, Irrigation, Yard Maint, Landscaping; Security Lighting. Fencing PHA-wide							
GA243.01	DWELLING STRUCTURES	1460	4 units	12, 067	14,067	0	0	not started
	Air conditioners, upgrade heating & electrical systems, painting, modernize kitchens including cabinets							
GA243.01	DWELLING EQUIPMENT	1465.1	as needed	3,000	1,500	0	0	not started
	Stoves and Refrigerators							

[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.

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

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

Part II: Supporting Pages

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

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]	

[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.

form **HUD-50075.1** (4/2008)

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Byron Housing Authority					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	06/13/11		06/30/13		
GA243.01	06/13/11		06/30/13		

[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, 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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06S243501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: FY09 ARRA** **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: 12/31/09** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]				
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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	56,326		0	0
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 [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

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: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06S243501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:FY09** **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: 12/31/09** ☐ **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)	56,326		0	0
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	0			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	40,000		0	0

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Myreal Brown	4-13-2010		

[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.

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

Part II: Supporting Pages

PHA Name: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06S243501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: FY09**

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]	
GA243	Window replacement	1460	18	40,000		0	0	
GA243	Central Air and Heating	1460	4	10,326		0	0	
GA243	Kitchen Cabinets	1460	5	6,000		0	0	

[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 II: Supporting Pages

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

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]	

[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: Byron Housing Authority					**Federal FFY of Grant: 2009**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
GA243-	03/31/2010		03/31/2012		

[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.

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

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

Part I: Summary

PHA Name: **Byron Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: Ga06P243501-10 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
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)	44,267			
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**	**Signature of Public Housing Director**	**Date**
Miriam Braun	4-13-2010		

[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.

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

Part II: Supporting Pages

PHA Name: Byron Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: GA06P243501-10 CFFP (Yes/ No): 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]	
PHA-WIDE	OPERATIONS	1406	1	4,400				
PHA-WIDE	MANAGEMENT IMPROVEMENTS	1408	1	4,000				
	Resident, Staff and Commissioner Training							
PHA-WIDE	ADMINISTRATION	1410	1	4,400				
	Annual Plan updates, Computer Upgrades, Maintenance Staff support							
PHA-WIDE	AUDIT	1411	1	6,000				
PHA-WIDE	FEES & COST	1430	1	4,400				
	A&E							
PHA-WIDE	SITE IMPROVEMENTS	1450	1	7,000				
	Tree removal, Curb Appeal, Re-routing Sodding, Irrigation, Yard Maintenance, Security Lighting, Fencing, Erosion Correcting,							
GA243.01	DWELLING STRUCTURES	1460	4 units	11,067				
	HVAC Systems, electrical systems, painting, modernize kitchens including cabinets and countertops							
GA243.01	DWELLING EQUIPMENT	1465.1	as needed	3,000				
	Stoves and Refrigerators							

[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.

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

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

Part II: Supporting Pages

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

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]	

[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.

form **HUD-50075.1** (4/2008)

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Byron Housing Authority

Federal FFY of Grant: 2010

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	06/13/12		06/30/14		
GA243.01	06/13/12		06/30/14		

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

Part I: Summary

PHA Name/Number Byron Housing Authority GA243]			Locality (City/County & State) Byron, Georgia		☒Original 5-Year Plan ☐Revision No:	
A.	Development Number and Name GA243.01	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 and 1450, 1465		20,067	20,067	20,067	20,067
C.	Management Improvements		5,000	5,000	5,000	5,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		4,400	4,400	4,400	4,400
F.	Other 1411, 1430		10,400	10,400	10,400	10,400
G.	Operations		4,400	4,400	4,400	4,400
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		44,267	44,267	44,267	44,267
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary (Continuation)

PHA Name/Number Byron Housing Authority GA243			Locality (City/county & State) Byron, Georgia		☐Original 5-Year Plan ☐Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	GA243-01 1460		12,067	**GA243-01 1460**		12,067
	Kitchen Mod to include Countertops and cabinets	4		Kitchen Mod to include Countertops and cabinets	4	
	HVAC Systems	4		HVAC Systems	4	
	Upgrade electrical Systems	4		Upgrade electrical Systems	4	
	Window replacement	As needed		Window replacement	As needed	
	Painting	As needed		Painting	As needed	
	PHA-WIDE			**PHA-WIDE**		
	1450 Site Improvements		5,000	**1450 Site Improvements**		5,000
	Tree Removal, Curb Appeal, Sodding, Re-routing, Curbing, Erosion Correction, Security Lighting, Fencing	1		Tree Removal, Curb Appeal, Sodding, Re-routing, Curbing, Erosion Correction, Security Lighting, Fencing	1	
	DWEL. EQUIP 1465.1		3,000	**DWEL. EQUIP 1465.1**		3,000
	Stoves & Refrig	As needed		Stoves & Refrig	As needed	
	Subtotal of Estimated Cost		**$20,067**	Subtotal of Estimated Cost		**$20,067**

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for **Year 4** **FFY 2013**			Work Statement for **Year: 5** **FFY 2014**		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	GA243-01 1460			**GA243-01 1460**		
	Kitchen Mod to include Countertops and cabinets	4	12,067	Kitchen Mod to include Countertops and cabinets	4	12,067
	HVAC Systems	4		HVAC Systems	4	
	Upgrade electrical Systems Window replacement	4 As needed		Upgrade electrical Systems Window replacement	4 As needed	
	Painting	As needed		Painting	As needed	
	PHA-WIDE			**PHA-WIDE**		
	1450 Site Improvements			**1450 Site Improvements**		
	Tree Removal, Curb Appeal, Sodding, Re-routing, Curbing, Erosion Correction, Security Lighting and Fencing	1	5,000	Tree Removal, Curb Appeal, Sodding, Re-routing, Curbing, Erosion Correction, Security Lighting and Fencing	1	5,000
	DWEL. EQUIP 1465.1			**DWEL. EQUIP 1465.1**		
	Stoves & Refrig	As needed	3,000	Stoves & Refrig	As needed	3,000
	Subtotal of Estimated Cost		**$ 20,067**	Subtotal of Estimated Cost		**$20,067**

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year 2 **FFY 2011**		Work Statement for Year: 3 **FFY 2012**	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	PHA-WIDE		PHA-WIDE	
	1406 OPERATIONS	4,400	1406 OPERATIONS	4,400
	1408 MANAGEMENT IMPROVEMENTS	5,000	1408 MANAGEMENT IMPROVEMENTS	5,000
	Board Staff and Resident Training		Board Staff and Resident Training	
	1410 ADMINISTRATION	4,400	1410 ADMINISTRATION	4,400
	% of Staff time Allocated for CFP Annual Plan Update, Maintenance Staff Support		% of Staff time Allocated for CFP Annual Plan Update, Maintenance Staff Support	
	1411 Audit	6,000	1411 Audit	6,000
	1430 Fees and Costs	4,400	1430 Fees and Costs	4,400
	A&E		A&E	
	Subtotal of Estimated Cost	$ 24,200	Subtotal of Estimated Cost	$ 24,200

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year 4 **FFY 2013**		Work Statement for Year: **5** **FFY 2014**	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	PHA-WIDE		PHA-WIDE	
	1406 OPERATIONS	4,400	1406 OPERATIONS	4,400
	1408 MANAGEMENT IMPROVEMENTS	5,000	1408 MANAGEMENT IMPROVEMENTS	5,000
	Board Staff and Resident Training		Board Staff and Resident Training	
	1410 ADMINISTRATION	4,400	1410 ADMINISTRATION	4,400
	% of Staff time Allocated for CFP Annual Plan Update, Maintenance Staff Support		% of Staff time Allocated for CFP Annual Plan Update, Maintenance Staff Support	
	1411 Audit	6,000	1411 Audit	6,000
	1430 Fees and Costs	4,400	1430 Fees and Costs	4,400
	A&E		A&E	
	Subtotal of Estimated Cost	$ 24,200	Subtotal of Estimated Cost	$ 24,200