

<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: <u>Etowah Area Consolidated Housing Authority</u> <span style="float: right;">PHA Code: <b>GA281</b></span> 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): <b>04/2010</b>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>358</b> <span style="float: right;">Number of HCV units: <b>None</b></span>				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH <span style="margin-left: 20px;">HCV</span>
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <b>Provide affordable housing for low and very-low income families in the Authority's jurisdiction.</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>Update of 5 Year Plan to include items on the Authority's needs assessment</b>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>None of the elements have been revised except the inclusion of the ARRA funds in the 5 year physical improvements plan</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>Attached as HUD Form 50075.1</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>Attached as HUD Form 50075.2</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>N/A</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>The Authority's plan adheres to the State of Georgia's Consolidated Plan as provided on the DCA website.</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> N/A</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</li> </ul> <p><b>(b) attached to this document</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

**Attachment ga281h02**

**Supporting Document**

**Etowah Area Consolidated Housing Authority**

**Annual Plan**

**Fiscal Year 04/01/2010 – 03/31/2011**

**Definition of Substantial Deviation and Significant  
Amendment or Modification**

“Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Etowah Area Consolidated Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.”

**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/Number <b>Etowah Area (GA281)</b>		<b>Bartow County, Georgia</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
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	398,058	398,058	398,058	398,058
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		56,866	56,866	56,866	56,866
F.	Other		56,866	56,866	56,866	56,866
G.	Operations		56,866	56,866	56,866	56,866
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		622,900	622,900	622,900	622,900

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2011</u> FFY <u>2011</u>			Work Statement for Year: <u>2012</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>Amp #1</b>			<b>Amp #1</b>		
Annual	Complete renovation of units including interiors, ceilings, doors, flooring, and electrical systems	7 units	280,000	Complete renovation of units including interiors, ceilings, doors, flooring, and electrical systems	9 units	360,000
Statement						
	Renovate exterior of units in accordance with the architectural study funded in the 2007 CFP so the units will look like private market units located in the same vicinity – include roof line changes and façade changes	LS	118,058	Renovate exterior of units in accordance with the architectural study funded in the 2007 CFP so the units will look like private market units located in the same vicinity – include roof line changes and façade changes	LS	38,058
	Subtotal of Estimated Cost		\$398,058	Subtotal of Estimated Cost		\$398,058







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**

<b>PHA Name: Etowah Area Consolidated Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P281501-10</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
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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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		62,290		
3	1408 Management Improvements		62,290		
4	1410 Administration (may not exceed 10% of line 21)		62,290		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		40,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		396,030		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

MAR/31/2010/WED 04:16 PM Etowah Area H.A. FAX No. 770 382-3799 P. 001

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: <b>Etowah Area Consolidated Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>GA06P281501-10</b> Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval: 2010	

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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	622,900			
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	<i>Philip P. Gray</i>	Date <del>09/09/2010</del> 03/31/2010	Signature of Public Housing Director	Date
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<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.

MAR/31/2010/WED 04:16 PM Etowah Area H.A. FAX No. 770 382-3799 P. 002

<b>Part II: Supporting Pages</b>								
<b>PHA Name: Etowah Area Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06P281501-10 CFPP (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>	
<b>PHA – Wide</b>	<b>Operations</b>	<b>1406</b>						
	PHA Operations			62,290				
	<b>Total Acct. 1406</b>			<b>62,290</b>				
<b>PHA – Wide</b>	<b>Management Improvements</b>	<b>1408</b>						
	Salary and costs for security officer (a Bartow County Deputy Sheriff)			62,290				
	<b>Total Acct. 1408</b>			<b>62,290</b>				
<b>PHA – Wide</b>	<b>Administration</b>	<b>1410</b>						
	Salary and benefits for the administration of the CFP grant			62,290				
	<b>Total Acct. 1410</b>			<b>62,290</b>				
<b>AMP #1</b>	<b>Fees &amp; Costs</b>	<b>1430</b>						
	Architect fees for the design; bid specifications; contract administration		LS	40,000				
	<b>Total Acct. 1430</b>			<b>40,000</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.

**Part II: Supporting Pages**

PHA Name: <b>Etowah Area Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>GA06P281501-10</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: <b>2010</b>			
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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>	
<b>Amp #1</b>	<b>Dwelling Structures</b>	<b>1460</b>						
	Renovate exterior of units in accordance with the results of the architects study funded by the 2007 CFP – to include façade changes, roof line changes and other recommended changes to ensure unit appearance is in accordance with the appearance of other rental properties located in Cartersville		LS	396,030				
	<b>Total Acct. 1460</b>			<b>396,030</b>				
	<b>Grand Total</b>			<b>622,900</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.



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: <b>Etowah Area Consolidated Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>GA06P281501-09</b> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/2009     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		62,290	0	0.00
3	1408 Management Improvements		62,290	0	0.00
4	1410 Administration (may not exceed 10% of line 21)		62,290	0	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		40,000	0	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		396,030	0	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

MAR/31/2010/WED 04:20 PM Etowah Area H.A. FAX No. 770 382-3799 P. 015

<b>Part I: Summary</b>					
<b>PHA Name:</b> Etowah Area Consolidated Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P281501-09</b> Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b> 2009	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	<b>622,900</b>		<b>0</b>	<b>0.00</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>		
<i>Shirley P. Gray</i>					
Date			Date		
03/31/2010					

<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Etowah Area Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P281501-09 CFPP (Yes/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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>PHA – Wide</b>	<b><u>Operations</u></b>	<b>1406</b>						
	PHA Operations			62,290		0	0.00	Planning
	<b>Total Acct. 1406</b>			<b>62,290</b>		<b>0</b>	<b>0.00</b>	
<b>PHA – Wide</b>	<b><u>Management Improvements</u></b>	<b>1408</b>						
	Salary and costs for security officer (a Bartow County Deputy Sheriff)			62,290		0	0.00	Planning
	<b>Total Acct. 1408</b>			<b>62,290</b>		<b>0</b>	<b>0.00</b>	
<b>PHA – Wide</b>	<b><u>Administration</u></b>	<b>1410</b>						
	Salary and benefits for the administration of the CFP grant			62,290		0	0.00	Planning
	<b>Total Acct. 1410</b>			<b>62,290</b>		<b>0</b>	<b>0.00</b>	
<b>AMP #1</b>	<b><u>Fees &amp; Costs</u></b>	<b>1430</b>						
	Architect fees for the design; bid specifications; contract administration		LS	40,000		0	0.00	Planning
	<b>Total Acct. 1430</b>			<b>40,000</b>		<b>0</b>	<b>0.00</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.

Part II: Supporting Pages								
PHA Name: Etowah Area Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P281501-09 CFPP (Yes/ 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>Amp #1</b>	<b>Dwelling Structures</b>	<b>1460</b>						
	Renovate exterior of units in accordance with the results of the architects study funded by the 2007 CFP – to include façade changes, roof line changes and other recommended changes to ensure unit appearance is in accordance with the appearance of other rental properties located in Cartersville		LS	396,030		0	0.00	Planning
	<b>Total Acct. 1460</b>			<b>396,030</b>		<b>0</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>622,900</b>		<b>0</b>	<b>0.00</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.

Part III: Implementation Schedule for Capital Fund Financing Program / Capital Fund Program					
PHA Name: Etowah Area Consolidated 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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA - Wide	09/15/2011		09/15/2013		
AMP #1	09/15/2011		09/15/2013		

<sup>1</sup> 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.

MAR/31/2010/WED 04:21 PM Etowah Area H.A. FAX No. 770 382-3799 P. 019

<b>Part I: Summary</b>		
<b>PHA Name: Etowah Area Consolidated Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P281501-08</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending: 09/30/2009     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		57,164	57,164	57,164.00
3	1408 Management Improvements		57,164	18,003	18,003.16
4	1410 Administration (may not exceed 10% of line 21)		57,164	57,164	57,164.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		27,958	27,958	18,757.50
8	1440 Site Acquisition				
9	1450 Site Improvement		36,500	58,955	58,955.35
10	1460 Dwelling Structures		255,693	233,238	22,744.89
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures		80,000	80,000	0.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> <b>Etowah Area Consolidated Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P281501-08</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 2 )  
 Performance and Evaluation Report for Period Ending: 09/30/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	571,643	571,643	241,988	232,787.90
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> <i>Phila P. Gray</i>	<b>Date</b> 03/31/2010	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

MAR/31/2010/WED 04:18 PM Etowah Area H.A. FAX No. 770 382-3799 P. 007

<b>Part II: Supporting Pages</b>								
PHA Name: <b>Etowah Area Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>GA06P281501-08</b> CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2008</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>	
<b>PHA – Wide</b>	<b>Operations</b>	<b>1406</b>						
	PHA Operations			57,164	57,164	57,164	57,164.00	Completed
	<b>Total Acct. 1406</b>			<b>57,164</b>	<b>57,164</b>	<b>57,164</b>	<b>57,164.00</b>	
<b>PHA – Wide</b>	<b>Management Improvements</b>	<b>1408</b>						
	Salary and costs for security officer (a Bartow County Deputy Sheriff)			57,164	39,161	0	0.00	In Progress
	Upgrade hardware / software			0	18,003	18,003	18,003.16	Completed
	<b>Total Acct. 1408</b>			<b>57,164</b>	<b>57,164</b>	<b>18,003</b>	<b>18,003.16</b>	
<b>PHA – Wide</b>	<b>Administration</b>	<b>1410</b>						
	Salary and benefits for the administration of the CFP grant			57,164	57,164	57,164	57,164.00	Completed
	<b>Total Acct. 1410</b>			<b>57,164</b>	<b>57,164</b>	<b>57,164</b>	<b>57,164.00</b>	
<b>AMP #1</b>	<b>Fees &amp; Costs</b>	<b>1430</b>						
	Architect fees for the design; bid specifications; contract administration		LS	27,958	27,958	27,958	18,757.50	In Progress
	<b>Total Acct. 1430</b>			<b>27,958</b>	<b>27,958</b>	<b>27,958</b>	<b>18,757.50</b>	
<b>H/A Wide</b>	<b>Site Improvements</b>	<b>1450</b>						
	Pave Stonewall St. parking lot		LS	10,500	3,900	3,900	3,900.00	Completed
	Build retaining walls at Stonewall / Felton Road properties		LS	26,000	0	0	0.00	Deferred to future CFP
	Relocate AT&T service facility		LS	0	55,055	55,055	55,055.35	Completed
	<b>Total Acct. 1450</b>			<b>36,500</b>	<b>58,955</b>	<b>58,955</b>	<b>58,955.35</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.

Part II: Supporting Pages								
PHA Name: <b>Etowah Area Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>GA06P281501-08</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2008</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>	
<b>H/A Wide</b>	<b>Dwelling Structures</b>	<b>1460</b>						
	Replace roofing and decking at Weaver Street		110	102,093	0	0	0.00	Transferred to CFP 501-07
	Replace furnaces with fuel efficient types		68	60,000	37,545	22,744	22,743.89	In Progress
	Replace toilets with pressure flush (saves 50% of the water per flush)		358	93,600	0	0	0.00	Discovered that these are not practical for units
<b>AMP #1</b>	Renovate exterior of units in accordance with the architectural study funded in the 2007 CFP so the units will look like private market units located in the same vicinity – including rock lie changes and façade changes		7 bldgs	0	195,693	0	0.00	Planning
	<b>Total Acct. 1460</b>			<b>255,693</b>	<b>233,238</b>	<b>22,744</b>	<b>22,743.89</b>	
<b>AMP #5</b>	<b>Nondwelling Structures</b>	<b>1470</b>						
	Provide an addition to the office / maintenance area for additional storage of property specific equipment			80,000	80,000	0	0.00	Planning
	<b>Total Acct. 1470</b>			<b>80,000</b>	<b>80,000</b>	<b>0</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>571,643</b>	<b>571,643</b>	<b>241,988</b>	<b>232,787.90</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 III: Implementation Schedule for Capital Fund Financing Program / Capital Fund Program</b>					
PHA Name: <b>Etowah Area Consolidated Housing Authority</b>				Federal FFY of Grant: <b>2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
<b>PHA - Wide</b>	<b>06/12/2010</b>		<b>06/12/2012</b>		
<b>AMP #1</b>	<b>06/12/2010</b>		<b>06/12/2012</b>		
<b>AMP #5</b>	<b>06/12/2010</b>		<b>06/12/2012</b>		

<sup>1</sup> 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.

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

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

<b>Part I: Summary</b>		
<b>PHA Name: Etowah Area Consolidated Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P281501-07</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending: 09/30/2009       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-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		55,250	55,250	55,250.00
3	1408 Management Improvements		55,250	0	0.00
4	1410 Administration (may not exceed 10% of line 21)		55,250	55,250	55,250.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		40,000	9,820	9,820.00
8	1440 Site Acquisition				
9	1450 Site Improvement		190,000	37,900	37,847.70
10	1460 Dwelling Structures		172,906	410,436	49,388.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

MAR/31/2010/WED 04:21 PM Etowah Area H.A. FAX No. 770 382-3799 P. 020

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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> Etowah Area Consolidated Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P281501-07</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> 2007 <b>FFY of Grant Approval:</b> 2007

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending: 09/30/2009       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	568,656	568,656	568,656	207,556.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> <i>Phile P. Gray</i>	<b>Date</b> 03/31/2010	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<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.

MAR/31/2010/WED 04:22 PM Etowah Area H.A. FAX No. 770 382-3799 P. 021

<b>Part II: Supporting Pages</b>								
<b>PHA Name: Etowah Area Housing Authority</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P281501-07</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</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>	
<b>PHA – Wide</b>	<b>Operations</b>	<b>1406</b>						
	PHA Operations			55,250	55,250	55,250	55,250.00	Completed
	<b>Total Acct. 1406</b>			<b>55,250</b>	<b>55,250</b>	<b>55,250</b>	<b>55,250.00</b>	
<b>PHA – Wide</b>	<b>Management Improvements</b>	<b>1408</b>						
	Salary and costs for security officer (a Bartow County Deputy Sheriff)			55,250	0	0	0.00	Eliminated
	<b>Total Acct. 1408</b>			<b>55,250</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	
<b>PHA – Wide</b>	<b>Administration</b>	<b>1410</b>						
	Salary and benefits for the administration of the CFP grant			55,250	55,250	55,250	55,250.00	Completed
	<b>Total Acct. 1410</b>			<b>55,250</b>	<b>55,250</b>	<b>55,250</b>	<b>55,250.00</b>	
<b>AMP #1</b>	<b>Fees &amp; Costs</b>	<b>1430</b>						
	Architect fees for the design; bid specifications; contract administration		LS	40,000	9,820	9,820	9,820.00	Completed
	<b>Total Acct. 1430</b>			<b>40,000</b>	<b>9,820</b>	<b>0</b>	<b>0.00</b>	

Part II: Supporting Pages								
PHA Name: <b>Etowah Area Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>GA06P281501-07</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2007</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
	<b>Site Improvements</b>	<b>1450</b>						
AMP #1	Construct parking facilities on H/A property so that residents will no longer have to park on the busy street		LS	140,000	0	0	0.00	Transferred to ARRA
AMP #1	Provide outdoor lighting for the Community complex to include the sports field		LS	50,000	0	0	0.00	Eliminated
H/A Wide	Remove six trees that are causing erosion and are decayed		LS	0	10,950	10,950	10,950.00	Completed
AMP #1	Relocate AT&T service facility		LS	0	26,950	26,950	26,897.70	Completed
	<b>Total Acct. 1450</b>			<b>190,000</b>	<b>37,900</b>	<b>37,900</b>	<b>37,847.70</b>	
	<b>Dwelling Structures</b>	<b>1460</b>						
H/A Wide	Replace / update gas meters for all units in Cartersville		298 units	96,096	33,188	33,188	33,188.30	Completed
AMP #1	Replace hot water heaters		33 units	14,850	0	0	0.00	Eliminated
AMP #1	Replace hot water heaters		43 units	19,350	0	0	0.00	Eliminated
AMP #1	Replace hot water heaters		52 units	23,400	0	0	0.00	Eliminated
AMP #1	Replace hot water heaters		11 units	4,950	0	0	0.00	Eliminated
H/A Wide	Replace all dryer vents with stainless steel vents due to vandalism		358 units	14,260	0	0	0.00	Eliminated
H/A Wide	Remove old shingles; replace damaged decking, replace with 30 year shingles		LS	0	361,048	361,048	0.00	Under contract
AMP #1	Complete renovation of #8 Weaver St.		1 unit	0	16,200	16,200	16,200.00	Completed
	<b>Total Acct. 1460</b>			<b>172,906</b>	<b>410,436</b>	<b>410,436</b>	<b>49,388.30</b>	
	<b>Grand Total</b>			<b>568,656</b>	<b>568,656</b>	<b>568,656</b>	<b>207,556.00</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.



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**

<b>PHA Name: Etowah Area Consolidated Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06S281501-09</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
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**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending: 09/30/2009     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		35,587	0	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		688,000	0	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>						
<b>PHA Name:</b> Etowah Area Consolidated Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06S281501-09</b> Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>723,587</b>		<b>0</b>	<b>0.00</b>	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>			
<i>Philip P. Gray</i>						
<b>Date</b> 03/31/2010			<b>Date</b>			

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

MAR/31/2010 WED 04:19 PM Etowah Area H.A. FAX No. 770 382-3799 P. 012

<b>Part II: Supporting Pages</b>								
<b>PHA Name: Etowah Area Housing Authority</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06S281501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</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>	
<b>PHA – Wide</b>	<b>Fees &amp; Costs</b>	<b>1430</b>						
	Architect fees for the design; bid specifications; contract administration		LS	35,587	35,587	0	0.00	Planning
	<b>Total Acct. 1430</b>			<b>35,587</b>	<b>35,587</b>	<b>0</b>	<b>0.00</b>	
<b>PHA – Wide</b>	<b>Dwelling Structures</b>	<b>1460</b>						
	Roofing replacement for Weaver / Wykle / Williams / Bartow / Adairsville including new 30 year shingles and new decking as needed		358	288,000	150,000	0	0.00	Planning with architect
	Parking areas for Stonewall units so cars can be parked off of the busy street (required City of Cartersville approval that was just received). This is already in an approved 5 year plan & CFP 501-07		50	0	500,000	0	0.00	Bid opening planned for 12/16/2009
	Complete renovation of units interiors, ceilings, cabinets, doors, flooring and electrical systems (average cost of \$40,000 per unit)		1	400,000	38,000	0	0.00	Planning
	<b>Total Acct. 1460</b>			<b>688,000</b>	<b>688,000</b>	<b>0</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>723,587</b>	<b>723,587</b>	<b>0</b>	<b>0.00</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.



**ETOWAH AREA CONSOLIDATED HOUSING AUTHORITY  
VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY**

**I. Purpose and Applicability**

The purpose of this policy (herein called "Policy") is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth EACHA's policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by EACHA of all federally subsidized public housing rental assistance under the United States Housing Act of 1937 (42 U.S.C. 1437 et seq.). Notwithstanding its title, this Policy is gender-neutral and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

**II. Goals and Objectives**

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by WAVA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by EACHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintain collaborative arrangements between EACHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by EACHA; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by EACHA

### III. Other EACHA Policies and Procedures

This Policy shall be referenced in and attached to EACHA's Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of EACHA's Admissions and Continued Occupancy Policy. EACHA's annual public housing agency plan shall also contain information concerning EACHA's activities, services and programs relating to domestic violence, dating violence, and stalking.

To the extent any provisions of this policy shall vary or contradict any previously adopted policy or procedure of EACHA, the provisions of this Policy shall prevail.

### IV. Definitions

As used in this Policy:

A. *Domestic Violence* - The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies or by any other person against an adult or youth victim who is protected

B. *Dating Violence* - means violence committed by a person:

(A.) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and

(B.) Where the existence of such a relationship shall be determined based on a consideration of the following factors:

(i) The length of the relationship

(ii) The type of relationship

(iii) The frequency of interaction between the persons involved in the relationship

C. *Stalking* - means -

(A.) (i) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and

- (B.) In the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or in cause substantial emotional harm to -
  - (i) That person
  - (ii) A member of the immediate family of that person; or
  - (iii) The spouse or intimate partner of that person

D. *Immediate Family Member* - means, with respect to a person -

- (A) A spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
- (B) Any other person living in the household of that person and related to that person by blood or marriage

E. *Perpetrator* - means person who commits an act of domestic violence, dating violence or stalking against a victim.

## V. **Admissions and Screening**

- A. Non-denial of Assistance - EACHA will not deny admission to public housing rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

(Optional adverse information provision; Note that VAWA does not require such a provision)

- B. Mitigation of disqualifying Information - when so requested in writing by an applicant for assistance whose history includes incidents in which the applicant was a victim of domestic violence, EACHA, may but shall not be obligated to, take such information into account in mitigation of potentially disqualifying information, such as poor credit history or previous damage to a dwelling. If requested by an applicant to take such mitigating information into account, EACHA shall be entitled to conduct such inquiries as are reasonably necessary to verify the claimed history of domestic violence and its probable relevance to the potentially disqualifying information. EACHA will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

## **VI. Termination of Tenancy or Assistance**

- A. VAWA Protections - Under VAWA, public housing residents have the following specific protections, which will be observed by EACHA:
1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
  2. In addition to the foregoing, tenancy or assistance will not be terminated by EACHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in a by a member of the assisted household, a guest or another person under the tenant's control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:
    - a. Nothing contained in this paragraph shall limit any otherwise available authority of EACHA to terminate tenancy, evict or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of tenant's household. However, taking any such action, EACHA will not apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.
    - b. Nothing contained in this paragraph shall be construed to limit the authority of EACHA to evict or terminate from assistance any tenant or lawful applicant if EACHA can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

## **VII. Verification of Domestic Violence, Dating Violence, or Stalking**

- A. *Requirement for Verification* - The law allows, but does not require, EACHA to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and

meets the requirements of the applicable definitions set forth in this Policy. Subject only to waiver as provided in paragraph VII. C., EACHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by EACHA.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence, or stalking may be accomplished in one of the following three ways:

1. HUD-Approved Form - by providing to EACHA A written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this Policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-Approved Form (HUD 50066), and the completed certification must include the name of the perpetrator.
2. Other documentation - by providing to EACHA 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 the domestic violence, dating violence, or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence, or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
3. Police or court record - by providing to EACHA a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. *Time allowed to provide verification/failure to provide* - an individual who claims protection against adverse action based on a incident or incidents of actual or threatened domestic violence, dating violence, or stalking, and who is requested by EACHA to provide verification, must provide such verification with 14 business days (i.e., 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after

receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this Policy against a proposed adverse action.

- C. *Waiver of verification requirement* - the Executive Director of EACHA may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this Policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

#### **VIII. Confidentiality**

- A. *Right of Confidentiality* - all information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to EACHA in connection with a verification required under section VII of this Policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:
1. Requested or consented to by the individual in writing, or
  2. Required for use in public housing eviction proceeding as permitted in VAWA, or
  3. Otherwise required by applicable law.
- B. *Notification of rights* - all tenants of public housing administered by EACHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

#### **IX. Transfer to New Residence**

- A. *Application for transfer* - in situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, EACHA will if an approved unit size is available at a location that may reduce the risk of harm, approve transfer to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the

household who is or was the victim of domestic violence, dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

B. *Action on applications* - EACHA will act upon such an application promptly upon availability.

C. *No right to transfer* - EACHA will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, the decision to grant or refuse to grant a transfer shall lie within the sole discretion of EACHA, and this Policy does not create any right on the part of any applicant to be granted a transfer.

#### X. **Relationship with Service Providers**

It is the Policy of EACHA to cooperate with organizations and entities, both private and governmental, that provide shelter and/or services to victims of domestic violence, dating violence, or stalking, EACHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring EACHA either to maintain a relationship with any particular provider of shelter or services to victims of domestic violence or to make a referral in any particular case. EACHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which EACHA has referral or other cooperative relationships.

#### XI. **Notification**

EACHA shall provide written notification to applicants and tenants concerning the rights and obligations created under VAWA relating to confidentiality, denial or assistance and, termination of tenancy or assistance.

#### XII. **Relationship with Other Applicable Laws**

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State, or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence, or stalking.

#### XIII. **Amendment**

This Policy may be amended from time to time by EACHA as approved by the EACHA Board of Commissioners.

**Public Housing Agency Plan Provision ~ Five Year Plan  
Etowah Area Consolidated Housing Authority (EACHA)**

The Etowah Area Consolidated Housing Authority (EACHA) has adopted a Policy (the "EACHA VAWA Policy") to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162)(VAWA). EACHA's goals, objectives and policies to enable EACHA to serve the needs of child and adult victims of domestic violence, dating violence, and stalking as defined in the VAWA, are stated in the EACHA VAWA Policy, a copy of which is attached to this Plan. In addition, EACHA Shall operate programs to serve the needs of child and adult victims of domestic violence, dating violence, and stalking as and to the extent such programs are described from time to time in EACHA's Annual public housing Agency Plan.

<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: <u>Etowah Area Consolidated Housing Authority</u> <span style="float: right;">PHA Code: <b>GA281</b></span> 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): <b>04/2010</b>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>358</b> <span style="float: right;">Number of HCV units: <b>None</b></span>				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH <span style="margin-left: 20px;">HCV</span>
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <b>Provide affordable housing for low and very-low income families in the Authority's jurisdiction.</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>Update of 5 Year Plan to include items on the Authority's needs assessment</b>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>None of the elements have been revised except the inclusion of the ARRA funds in the 5 year physical improvements plan</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>Attached as HUD Form 50075.1</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>Attached as HUD Form 50075.2</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>N/A</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>The Authority's plan adheres to the State of Georgia's Consolidated Plan as provided on the DCA website.</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> N/A</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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>(b) attached to this document</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>