

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Housing Authority of Hazard</u> PHA Code: <u>KY024</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>273</u> Number of HCV units: _____																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <p>The mission of the Housing Authority of Hazard 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.</p>																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <p>The Housing Authority of Hazard is dedicated to make available affordable, safe, sanitary, suitable housing for the low income people who qualify. The Housing Authority of Hazard does and will adhere to the amendment enacted by Congress to prohibit the termination of housing assistance or admission when a tenant or applicant is a victim of domestic violence, dating violence, stalking and/or being abused. The Housing Authority of Hazard has two hundred seventy-three units over scattered sites within the city limits. These units were constructed over a twenty year period beginning in 1960. The housing stock's needs are addressed on a daily basis through general maintenance and extensive remodeling. The Housing Authority of Hazard's progress is evidenced by prompt, frugal and proper expenditure of the capital funds, rental income and subsidy awards. The Housing Authority of Hazard has and will continue to properly expend Capital Fund Grants within 4 years or less. The Housing Authority of Hazard is effectively aided by the Louisville field office personnel at any time when asked. The Housing Authority of Hazard works closely with other programs in the area that provide home-services, home-ownership, education and employment opportunities. The Housing Authority's highly trained, completely dedicated staff insures vacancies are addressed, as quickly as possible, financial needs are promptly and properly addressed and our authority is an asset to the community. We intend to continue in this manner for the next five years.</p>																										
6.0	PHA Plan Update (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.																										

7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attachment B, C, D, E
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attachment F
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	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.
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.
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 Housing Authority of Hazard, since 1997 has had a continuing modernization program based on addressing the most severe needs first, within our financial boundaries. We have improved the condition of our housing stock through an efficient force account labor approach. We have been able to reduce our number of vacancies while improving our UPCS. We have been able to properly expend our awarded HUD funds: as shown by independent audits and HUD field visits. The progress in executing the Five Year Plan is on track. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Significant Amendment is defined as meaningful change in the Mission of the Housing Authority of Hazard. Substantial Deviation from the 5 Year Plan is defined as any changes which results in an increase in excess of 15% in cost to any proposed line item other than 1460 and which results in an increase in excess of 25% in the 1460 line items.
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, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (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, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number HOUSING AUTHORITY OF HAZARD KY024		Locality (City/County & State) HAZARD, PERRY, KENTUCKY			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	288722.80	287722.80	286722.80	287722.80
C.	Management Improvements		73000.00	73000.00	73000.00	73000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		2000.00	2000.00	2000.00	2000.00
E.	Administration		7182.20	7182.20	7182.20	7182.20
F.	Other		11000.00	12000.00	13000.00	12000.00
G.	Operations		13823.00	13823.00	13823.00	13823.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		395728.00	395728.00	395728.00	395728.00
L.	Total Non-CFP Funds					
M.	Grand Total		395728.00	395728.00	395728.00	395728.00

Part I: Summary (Continuation)						
PHA Name/Number		Locality (City/county & State)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
		Annual Statement				
	AMP 1		271222.80	273722.80	0.00	273722.80
	AMP 2		17500.00	14000.00	286722.80	14000.00
	HAH WIDE ACTIVITIES		107005.20	108005.20	109005.20	108005.20
	TOTAL CFP FUNDS		395728.00	395728.00	395728.00	395728.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</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	AMP 1 UNIT RENOVATIONS	5	98401.00	AMP 1 UNIT RENOVATIONS	5	100901.00
Annual	AMP 1 ROOF REPLACEMENTS	2	59078.00	AMP 1 ROOF REPLACEMENTS	2	59078.00
Statement	AMP 1 FOUNDATION REPLACEMENT	1	113743.80	AMP 1 FOUNDATION REPLACEMENT	1	113743.80
	AMP1 SUBTOTAL		271222.80	AMP 1 SUBTOTAL		273722.80
	AMP 2 UNIT RENOVATIONS	4	17500.00	AMP 2 UNIT RENOVATIONS	1	4000.00
	AMP 2 SUBTOTAL		17500.00	AMP 2 PAINT EXTERIOR OF BUILDINGS	2	10000.00
				AMP 2 SUBTOTAL		14000.00
	HAH WIDE ACTIVITIES GRANT ADMIN. SALARY PLUS FRINGE		73000.00	HAH WIDE ACTIVITIES GRANT ADMIN. SALARY PLUS FRINGE RY		73000.00
	HAH WIDE ACTIVITIES OTHER (PROFESSIONAL SERVICES/ AUDIT)		11000.00	HAH WIDE ACTIVITIES OTHER (PROFESSIONAL SERVICES/ AUDIT)		12000.00
	HAH WIDE ACTIVITIES TOOLS FOR FORCE ACCOUNT CREW		2000.00	HAH WIDE ACTIVITIES TOOLS FOR FORCE ACCOUNT CREW		2000.00
	HAH WIDE ACTIVITIES ADMINISTRATION/OPERATIONS		21005.20	HAH WIDE ACTIVITIES ADMINISTRATION/OPERATIONS		21005.20
	HAH WIDE ACTIVITIES SUBTOTAL		107005.20	HAH WIDE ACTIVITIES SUBTOTAL		108005.20

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**

	Subtotal of Estimated Cost	\$395728.00	Subtotal of Estimated Cost	\$395728.00
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Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</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	AMP 2 UNIT RENOVATIONS/KITCHEN RENOVATIONS	20	286722.80	AMP 1 UNIT RENOVATIONS	5	100901.00
Annual	AMP 2 SUBTOTAL		286722.80	AMP 1 ROOF REPLACEMENTS	2	59078.00
Statement				AMP 1 FOUNDATION REPLACEMENT	1	113743.80
	HAH WIDE ACTIVITIES GRANT ADMIN. SALARY PLUS FRINGE		73000.00	AMP 1 SUBTOTAL		273722.80
	HAH WIDE ACTIVITIES OTHER (PROFESSIONAL SERVICES/ AUDIT)		13000.00			
	HAH WIDE ACTIVITIES TOOLS FOR FORCE ACCOUNT CREW		2000.00	AMP 2 UNIT RENOVATIONS	1	4000.00
	HAH WIDE ACTIVITIES ADMINISTRATION/OPERATIONS		21005.20	AMP 2 PAINT EXTERIOR OF BUILDINGS	2	10000.00
	HAH WIDE ACTIVITIES SUBTOTAL		109005.20	AMP 2 SUBTOTAL		14000.00
				HAH WIDE ACTIVITIES GRANT ADMIN. SALARY PLUS FRINGE		73000.00
				HAH WIDE ACTIVITIES OTHER (PROFESSIONAL SERVICES/ AUDIT)		12000.00
				HAH WIDE ACTIVITIES TOOLS FOR FORCE ACCOUNT CREW		2000.00
				HAH WIDE ACTIVITIES ADMINISTRATION/OPERATIONS		21005.20
				HAH WIDE ACTIVITIES SUBTOTAL		108005.20

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**

	Subtotal of Estimated Cost		\$395728.00	Subtotal of Estimated Cost		\$395728.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

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: HOUSING AUTHORITY OF HAZARD		Grant Type and Number Capital Fund Program Grant No: KY36P02450108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <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: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		13823.20	13823.20	13823.20	
3	1408 Management Improvements		72829.00	72829.00	63426.09	
4	1410 Administration (may not exceed 10% of line 21)		31413.80	31413.80	31394.65	
5	1411 Audit		3750.00	3750.00	3750.00	
6	1415 Liquidated Damages					
7	1430 Fees and Costs		2500.00	2500.00	2500.00	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		272230.00	272230.00	269580.69	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		2000.00	2000.00	2000.00	
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: HOUSING AUTHORITY OF HAZARD		Grant Type and Number Capital Fund Program Grant No: KY36P02450108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant						
<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: 06/30/10		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	398546.00	398546.00	398546.00	386474.63	
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 06/30/2010		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.

Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF HAZARD		Grant Type and Number Capital Fund Program Grant No: KY36P02450108 CFFP (Yes/ 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	
KY 24-01 WALKERTOWN	ROOF REPLACEMENT/PORCH CONSTRUCTION	1460	2	60000.00	60000.00	60000.00	57350.69	
	UNIT RENOVATIONS	1460	8	200486.54	200486.54	200486.54	200486.54	COMPLETED
KY 24-03 LIBERTY STREET	UNIT RENOVATIONS	1460	3	11743.46	11743.46	11743.46	11743.46	COMPLETED
HAH WIDE ACTIVITIES	GRANT ADMIN. SALARY PLUS FRINGE	1408		72829.00	72829.00	72829.00	63426.09	
	AUDIT	1411		3750.00	3750.00	3750.00	3750.00	COMPLETED
	PROFESSIONAL SERVICES	1430		2500.00	2500.00	2500.00	2500.00	COMPLETED
	PILOT	1406		13823.20	13823.20	13823.20	13823.20	COMPLETED
	ADMIN. COSTS/CELL BILL/OFFICE SUPPLIES/ 1/2 ASST. DIRECTORS SALARY	1410		31413.80	31413.80	31413.80	31394.65	
	TOOLS FOR FORCE ACCOUNT LABOR CREW	1475		2000.00	2000.00	2000.00	2000.00	COMPLETED

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 III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2008
PHA Name: HOUSING AUTHORITY OF HAZARD					
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	
KY24-01 WALKERTOWN	06/12/2010		06/12/2012		
KY24-03 LIBERTY STREET	06/12/2010		06/12/2012		
HAH WIDE ACTIVITIES	06/12/2010		06/12/2012		

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: HOUSING AUTHORITY OF HAZARD	Grant Type and Number Capital Fund Program Grant No: KY36S02450109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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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: 06/30/2010 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	20000.00	20000.00	20000.00	19400.00
10	1460 Dwelling Structures	463105.00	463105.00	463105.00	422700.19
11	1465.1 Dwelling Equipment—Nonexpendable	21375.00	21375.00	21375.00	12671.00
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.

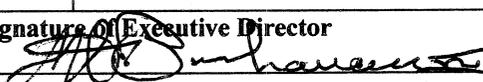
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: HOUSING AUTHORITY OF HAZARD		Grant Type and Number Capital Fund Program Grant No: KY36S02450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <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: 06/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	504480.00	504480.00	504480.00	454771.19	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Signature of Public Housing Director		Date	
					06/30/2010	

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: HOUSING AUTHORITY OF HAZARD	Grant Type and Number Capital Fund Program Grant No: KY36S02450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Federal FFY of Grant: 2009
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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 ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	PAVE PARKING LOTS/AREAS	1450	9	20000.00	20000.00	20000.00	19400.00	
	NEW WATER LINES WITH CUT OFFS IN EACH BUILDING	1460	38	334480.00	334480.00	334480.00	332239.51	
	A/C UNITS	1460	30	24000.00	24000.00	24000.00	15526.13	
	NEW ENTRY DOORS	1460	62	57125.00	57125.00	57125.00	44371.36	
	GAS RANGES	1465	25	8750.00	8750.00	8750.00	3951.58	
	REFRIGERATORS	1465	15	5625.00	5625.00	5625.00	5363.34	
AMP 2	HEAT AND A/C UNITS	1460	50	37500.00	37500.00	37500.00	20713.19	
	ROOF TOP HEAT AND A/C UNIT	1460	1	10000.00	10000.00	10000.00	9850.00	
	REFRIGERATORS	1465	10	3750.00	3750.00	3750.00	2537.20	
	ELECTRIC RANGES	1465	10	3250.00	3250.00	3250.00	818.88	

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: HOUSING AUTHORITY OF HAZARD				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	
AMP 1	03/17/2010		03/17/2012		
AMP 2	03/17/2010		03/17/2012		

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: HOUSING AUTHORITY OF HAZARD		Grant Type and Number Capital Fund Program Grant No: KY36P02450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <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: 06/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	13823.20	13823.20	13823.20	0.00	
3	1408 Management Improvements	62000.00	62000.00	62000.00	30756.94	
4	1410 Administration (may not exceed 10% of line 21)	35000.00	35000.00	35000.00	15836.20	
5	1411 Audit	4446.80	4446.80	4446.80	0.00	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	17952.00	17952.00	17952.00	2770.00	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	261276.00	261276.00	261276.00	98374.31	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	2000.00	2000.00	2000.00	775.90	
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: HOUSING AUTHORITY OF HAZARD		Grant Type and Number Capital Fund Program Grant No: KY36P02450109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <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: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	396498.00	396498.00	396498.00	148513.35
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 06/30/2010		Signature of Public Housing Director _____	
				Date _____	

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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: HOUSING AUTHORITY OF HAZARD			Grant Type and Number Capital Fund Program Grant No: KY36P02450109 CFFP (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 ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	UNIT RENOVATIONS	1460	7	155232.00	155232.00	155232.00	86119.42	
	ROOF REPLACEMENTS	1460	4	91044.00	91044.00	91044.00	12254.89	
AMP 2	UNIT RENOVATIONS	1460	4	15000.00	15000.00	15000.00	0.00	
HAH WIDE ACTIVITIES	PILOT	1406		13823.20	13823.20	13823.20	0.00	
	GRANT ADMIN. SALARY PLUS FRINGE	1408		62000.00	62000.00	62000.00	30756.94	
	1/2 ASST. DIRECTORS SALARY/ADMIN COSTS	1410		35000.00	35000.00	35000.00	15836.20	
	AUDIT COSTS	1411		4446.80	4446.80	4446.80	0.00	
	PROFESSIONAL SERVICES	1430		17952.00	17952.00	17952.00	2770.00	
	TOOLS FOR FORCE ACCOUNT LABOR CREW	1475		2000.00	2000.00	2000.00	775.90	

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: HOUSING AUTHORITY OF HAZARD				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	
AMP 1	09/14/2011		09/14/2013		
AMP 2	09/14/2011		09/14/2013		
HAH WIDE ACTIVITIES	09/14/2011		09/14/2013		

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: HOUSING AUTHORITY OF HAZARD	Grant Type and Number Capital Fund Program Grant No: KY36P02450110 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
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no:)
 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	13823.00			
3	1408 Management Improvements	72000.00			
4	1410 Administration (may not exceed 10% of line 21)	8182.20			
5	1411 Audit	5000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	288722.80			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2000.00			
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
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 Expires 4/30/2011

Part I: Summary						
PHA Name: HOUSING AUTHORITY OF HAZARD		Grant Type and Number Capital Fund Program Grant No: KY36P02450110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	395728.00				
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					
Signature of Executive Director 		Date 06/23/2010		Signature of Public Housing Director Date		

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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: HOUSING AUTHORITY OF HAZARD			Grant Type and Number Capital Fund Program Grant No: KY36P02450110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	UNIT RENOVATIONS	1460	7	156488.20				
	FOUNDATION REPLACEMENT	1460	1	113743.80				
AMP 2	UNIT RENOVATIONS	1460	4	18490.80				
HAH WIDE ACTIVITIES	PILOT	1406		13823.00				
	GRANT ADMIN	1408		72000.00				
	ADMIN COSTS	1410		8182.20				
	AUDIT COSTS	1411		5000.00				
	PROFESSIONAL SERVICES	1430		6000.00				
	TOOLS FOR FORCE ACCOUNT LABOR CREW	1475		2000.00				

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					Federal FFY of Grant: 2010
PHA Name: HOUSING AUTHORITY OF HAZARD					
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	
AMP 1	07/14/2012		07/14/2014		
AMP 2	07/14/2012		07/14/2014		
HAH WIDE ACTIVITIES	07/14/2012		07/14/2014		

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.

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Richard L. McQuady the Chief Executive Officer Kentucky Housing Corporation certify that the Five Year and Annual PHA Plan of the Housing Authority of Hazard is consistent with the Consolidated Plan of Commonwealth of Kentucky prepared pursuant to 24 CFR Part 91.

 7-7-2010

Signed / Dated by Appropriate State or Local Official

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 HAZARD

KY024

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	I.H. BUCHANAN, III
Title	EXECUTIVE DIRECTOR
Signature	
Date	06/30/2010

A Resident Advisory Board Meeting was held in April to discuss the 2010 CFP budget, the 5-year plan and review any additions and changes which have been made. There were two tenants in attendance, Ms. Sue Brock of Walkertown and Ms. Norene Carr of Perkins Tower. A copy of the budget and plan were delivered to Mr. Orville Francis of Liberty Street, who could not attend due to illness. Mr. Francis said he would contact us after reviewing the plans. Also present at the meeting was Linda Vaughn, Assistant Director and Melinda Fugate, Grant Administrator all Housing Authority representatives.

Ms. Sue Brock reviewed the plans and said no improvements were needed at her complex. She said she is very pleased with all the renovations in progress. Ms. Brock stated the Walkertown complex looks better than it has in many years; she also stated she feels very comfortable and much safer in her surroundings.

Ms. Norene Carr of Perkins Tower reviewed the plans and said no improvements were needed at her complex. She stated everything looked very nice and she loved everything about her place. She said she was just grateful to have a place like this to enjoy.

Mr. Orville Francis of Liberty Street reviewed the plans and said the only improvement needed at his complex was painting the outside of the units. He suggested that the units be painted the same color throughout the street. We told him that was a great suggestion and as we receive more funding we would also like to see this happen and would incorporate it into the plan in the coming years. He said he was very pleased with all the improvements that have taken place in the past few years. He also expressed how pleased he was to get some response from our program.

All tenants present said to keep up the good work and thanked us for letting them be a part of the planning process. They all said they would inform other tenant of the efforts being made to improve their neighborhoods and try to get other tenants to be more involved with the activities the authority has to offer.