

# PHA Plans

## Streamlined 5-Year/Annual Version

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

OMB No. 2577-  
0226  
(exp 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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## Streamlined 5-Year Plan for Fiscal Years 2010 - 2014

## Streamlined Annual Plan for Fiscal Year 2010

# LAUREL HOUSING AUTHORITY

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.**

**Streamlined Annual PHA Plan**  
**PHA Fiscal Year 2010**  
**Table of Contents**

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

**A. ANNUAL STREAMLINED PHA PLAN COMPONENTS**

**Attachment "A" MS002A01**

Civil Rights Certifications (included with PHA Certifications of Compliance) and Significant Amendment

**Attachment "B" MS002B01**

Violence Against Women Act

**Attachment "C" MS002C01**

Resident Advisory Board and Comments

**Attachment "D" MS002D01**

Capital Fund Program Original Annual Statement FY2010

**Attachment "E" MS002E01**

Replacement Housing Factor Annual Statement FY 2010

**Attachment "F" MS002F01**

P&E Statements for CFP FY 2009

**Attachment "G" MS002G01**

Replacement Housing Factor Annual Statement FY 2009

**Attachment "H" MS002H01**

P&E Statements for CFP FY 2009 Stimulus

**Attachment "I" MS002I01**

P&E Statements for CFP FY 2008

**Attachment "J" MS002J01**

Replacement Housing Factor Annual Statement FY 2008

**Attachment "K" MS002K01**

Replacement Housing Factor Annual Statement FY 2007

**Attachment "L" MS002L01**

CFP Five Year Action Plan

**MS002V01**

PHA 5 Year and Annual Plan

# 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

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Laurel Housing Authority</u> PHA Code: <u>MS26P002</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>624</u> Number of HCV units: _____				
<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      HCV
	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:  The mission of the PHA 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.				
<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.  The PHA continues to improve the quality of assisted housing: The Housing Authority is meeting this goal with the main accomplishments being ongoing efforts to raise the standards of public housing with the use of CFP program funds. The PHA established the goal to improve apartments to achieve compatibility with private market rentals. Improvements are currently in progress with the use of CFP funds and the Housing Authority is on schedule to meeting this goal.  The Housing Authority has met or exceeded all goals and missions stated in the Five-Year Plan, therefore, no modifications were made.  Progress achieved on quantifiable goals are as follows:  The PHA had a goal to increase the average income of residents by 2% a year. Over the past years the actual increase was 8%.  The PHA continues its goal of increasing working families by 2 a year. This goal is being achieved.  The PHA continues to increase accessible units over and above 504 requirements if there is a need. Currently the 32 handicapped units are occupied by 23 disabled residents; therefore, the need is being satisfied.  The PHA continues to reduced vacancies with improved maintenance techniques, improved management and occupancy controls along with capital fund improvements.  The PHA continues to improved public housing management and improved advisory score to a high performer level.  The PHA goal to renovate or modernize public housing units with Capital Fund Program funds is being achieved and is on schedule.  The PHA continues its efforts to improve security by providing drug prevention programs and private security.  The PHA continues to partnership with community agencies to provide residents drug prevention, educational and recreational programs.  The PHA continues its goal to ensure equal access to assisted housing.  The PHA continues to counseled with residents on homeownership and pledged our support if they choose to pursue homeownership.  The Housing Authority will adopted new policies and procedures to comply with current regulations.				

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE  <b>The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, December 17, 2009 at 3:00 P. M.</b>  <b>There were no challenged elements or comments regarding the annual and five year plan</b></p> <p>(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. Laurel Housing Authority  701 Beacon Street  Laurel, MS 39442</p>
7.0	<p><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></p> <p>The Housing Authority has entered into a contract for strategic planning services for redevelopment. The services include planning for Demolition, Mixed Finance, Capital Fund Leveraging, Property Acquisition, and Homeownership.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><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.</p>
8.2	<p><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.</p>
8.3	<p><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.</p>
9.0	<p><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.</p>
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></p>

**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 PHA continues to improve the quality of assisted housing: The Housing Authority is meeting this goal with the main accomplishments being ongoing efforts to raise the standards of public housing with the use of CFP program funds. The PHA established the goal to improve apartments to achieve compatibility with private market rentals by the year 2016. Improvements are currently in progress with the use of CFP funds and the Housing Authority is on schedule to meeting this goal.

The PHA continues to improve its public housing management and improve advisory score to a higher performer level.

The PHA goal to renovate or modernize our public housing units with Capital Fund program funds is being achieved and is on schedule.

The PHA continues to partnership with community agencies to provide residents drug prevention, educational and recreational programs.

The PHA continues its goal to ensure equal access to assisted housing.

The PHA continues to inspect all housing units on a regular basis.

The PHA continues to counseled with residents on homeownership and pledged our support if they choose to pursue homeownership.

The PHA continues to ensure Equal Opportunity in housing for all applicants regardless of their needs.

The PHA continues to improve the physical condition of its units and grounds.

The PHA established the goal to setup computer laboratories in public housing. The PHA is meeting this goal.

The PHA established the goal to continue the policy to assure affirmative equal access for all applicants. The PHA is meeting this goal.

**10.0** The PHA established the goal to make handicapped modifications to units exceeding 504 requirements based on individual need. The PHA is meeting this goal.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**Criteria for Substantial Deviations and Significant Amendments**

**(I) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:**

Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in requirement for administration of Public Housing requiring public comment and/or public hearing.

**B. Significant Amendment or Modification to the Annual Plan**

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

<b>11.0</b>	<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>
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## ATTACHMENT “A”

### **Civil Rights Certifications**

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. It is the policy of the Housing Authority to comply with all Federal, State, and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The Housing Authority will comply with all laws relating to Civil Rights, including: Title VI and VIII of the Civil Rights Act, Executive Order 11063, Section 504, Age Discrimination Act and American With Disabilities Act.

To further our commitment to fully comply with applicable Civil Rights laws, the Housing Authority will provide Federal/State/Local information to public housing residents regarding “discrimination” and any recourse available to them during resident orientation session, resident meetings and reexaminations.

### **Criteria for Substantial Deviations and Significant Amendments**

#### **(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

The Housing Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.

#### **B. Significant Amendment or Modification to the Annual Plan**

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;

- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

## **ATTACHMENT “B”**

This policy will be known as the Violence Against Women Act (VAWA) policy. Hereafter called (LHA)Violence Against Women Act (VAWA) policy.

### **GOAL:**

To protect denial of admission to and/or eviction of individuals of Domestic Violence in which they were victims.

### **OBJECTIVE:**

To assure protected victims, each of which are defined separately, establishes together a broad group of protected individuals (all of which are herein referred to as victims of domestic violence) Dating Violence, Sexual Assault and Stalking, housing needs are addressed. Note that these definitions include, among others, children, as well as Victims of Dating Violence and Stalking.

### **POLICY:**

LHA will not deny admission, continued occupancy, or terminate the tenancy of an applicant/tenant who are victims of domestic violence. Management may however “bifurcate” a lease/application or other wise remove a household member from a lease/application without regard to whether a household member is a signatory to the lease/application in order to evict/remove any individual who engages in criminal acts of physical violence against family members or others. This action may be taken without evicting, removing or otherwise penalizing the victim of violence who is also a tenant or lawful occupant, applicant (providing the culpable person will no longer reside in the unit). The LHA may however deny admission and/or evict where the LHA can demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.”

Management may request in writing that an individual complete, sign and submit, within 14 business days a HUD approved certification form that certifies that he/she is a victim of domestic violence, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual will provide the name of the perpetrator.

In lieu of a certification form and/or in addition to, a tenant/applicant may provide to the LHA (1) some local police records or court record; (2) documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, or the effects of abuse, in which the professional’s attests under penalties of perjury to the belief that the incident(s) in question are bona fide.

If the certifications or information is not provided timely, none of the protections afforded to the victim of domestic violence will apply and management would be free to evict.

Information provided to the LHA relating to the fact of any household member being a victim of domestic violence, dating violence, or stalking will be retained by the Authority in confidence, and will not be shared or disclosed without your consent except in denial/eviction proceedings or as otherwise required by law.

NOTE: The LHA may at the Executive Director's (or his or her signee) discretion, provide assistance to an individual based solely upon the individual's statement or other corroborating evidence.

One or more incidents of actual or threatened domestic violence will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and will not be good cause for termination of tenancy or occupancy right of the victim of such violence.

Termination procedures will be effected in accordance with Federal, State, or Local Law. LHA will honor court orders addressing rights of access or control of the property including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up. Management may not subject an individual who is a victim of domestic violence to a more demanding standard than other tenants in determining whether to evict. Management will however make a determination as to any actual and/or imminent threat to other tenants or those employed at or providing services to the property if the tenant is not evicted. Violation of the lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household may however result in eviction.

#### **DEFINITIONS:**

**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 share a child in common, by a person who is cohabitated with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under domestic or family violence laws, or by any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws.

**Dating violence:** 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 will be determined based on a consideration of the following factors: (I) the length of the relationship; (II) the type of relationship; and (III) the frequency of interaction between the persons involved in the relationship.

**Stalking:** To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and 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 to 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.

**Immediate Family Member:** a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING**

Date: \_\_\_\_\_

**This form must be completed and returned by \_\_\_\_\_ . If for some reason you cannot have this form completed and returned by this date you must contact \_\_\_\_\_ at \_\_\_\_\_ .**

**TO BE COMPLETED BY RESIDENT:**

Name of the victim of domestic violence, dating violence or stalking: \_\_\_\_\_

Name(s) of residents listed on lease (if not the victim): \_\_\_\_\_

Name of the perpetrator of the violence (if known): \_\_\_\_\_

If name of perpetrator is not known, explain why: \_\_\_\_\_

Relation to victim: \_\_\_\_\_

Certification of the violence. (Please check one):

- Attached a copy of a police report, temporary or permanent restraining order or, other, police report or court record relating to the violence; OR
- Had the section below completed by a professional who helped me address the violence.

I hereby certify under penalty of perjury that the foregoing is true and correct:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY VICTIM SERVICE PROVIDER, ATTORNEY, MEDICAL PROFESSIONAL, ONLY IF VICTIM IS CERTIFYING THE VIOLENCE BY A STATEMENT.**

This section may be completed by an employee, (LHA) or volunteer of a service provider, attorney, or medical professional from whom the victim has sought assistance in addressing the violence or its effects.

Name of individual completing this section \_\_\_\_\_

What category best describes you?  Attorney  Medical provider  Victim service provider  
 Employee (LHA)

Title \_\_\_\_\_ Agency/ business name \_\_\_\_\_

Phone Contact Information

\_\_\_\_\_

Address \_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing is true and correct and I believe that the incident(s) described above as a basis for eviction or housing termination are bona fide incidents of abuse.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## NOTIFICATION OF RIGHTS UNDER VIOLENCE AGAINST WOMEN ACT (VAWA)

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**FROM: Laurel Housing Authority, 701 Beacon street, Laurel, MS 39440**

A new federal law reauthorizing the Violence Against Women Act (VAWA) provides certain rights to tenants and lawful occupants of public housing. This law requires that you be notified of these rights.

### **Protections Against Eviction**

1. VAWA states that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking (as these terms are defined in VAWA) will not be considered to be a “serious or repeated” violation of your lease, if you are the victim of the incident or incidents. This means you may not be evicted based on such an incident(s) where you are the victim.

2 In addition, although the housing authority may evict you for certain types of criminal activity as provided in your lease, VAWA states that the housing agency may not evict you if the criminal activity is:

- (a) directly related to domestic violence, dating violence, or stalking; and
- (b) engaged in by a member of your household, or any guest, or another person under your control; and
- © you or a member of your immediate family is the victim of this criminal activity.

### **Certification**

If the housing agency notifies you that it intends to terminate your tenancy based on an incident or incidents of domestic violence, dating violence, or stalking, and you claim protection against eviction under VAWA, the housing may require you to deliver a certification. You must deliver the certification within 14 business days after you receive the housing agency’s request for it. If you do not do this within the time allowed, you will not have any protection under VAWA and the agency may proceed with terminating your tenancy without reference to the VAWA protections.

You may certify either by:

- (a) Completing and delivering a HUD-approved certification form which will be supplied to you by the housing authority; or
- (b) Providing the housing agency with documentation signed by an employee, agent, or volunteer of a service provider, an attorney, or a medical professional from whom the (you or another member of your immediate family) has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse. (This certification must be sworn under penalty of perjury); or
- © Producing a Federal, State, tribal, territorial, or local police record.

### **Confidentially**

Information you provide to the housing authority relating to the fact that you or another member of your household is a victim of domestic violence, dating violence, or stalking will be retained by the housing authority in confidence. This information will not be shared or disclosed by the agency without your consent except as necessary in an eviction proceeding or as otherwise required by law.

### **Limitations**

1. Prevents the housing agency from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provide protections as described above. However, the housing agency may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the housing agency from terminating tenancy and evicting where the housing authority can demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.” Where such a threat can be demonstrated by the housing agency, you will not be protected from eviction by VAWA.
3. Limits the ability of the housing agency to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any Federal, State or local law that provides greater protection than VAWA.

## **Housing Agency Right to Remove Perpetrator of Domestic Violence**

VAWA also creates a new authority under Federal law that allows a housing agency to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to the other occupants.

### **Further Information**

You may obtain a copy of the housing authority's written policy concerning domestic violence, dating violence, and stalking, from: \_\_\_\_\_.

The written policy contains, among other things, definitions of the terms "domestic violence," "dating violence," "stalking," and "immediate family."

## ATTACHMENT "C"

### LIST OF RESIDENT ADVISORY BOARD MEMBERS

Tajuna Jackson – 1 Windsor Court, Laurel, MS 39440

Lisa White – 440 Arco Lane, Laurel, MS 39440

Mildred Lyles - 403 Jefferson Street, Laurel, MS 39440

Tamika McGilberry - 80 Brown Circle, Laurel, MS 39440

James Dace – 607 Beacon Street, Laurel, MS 39440

Carolyn Jones – 57 Brown Circle, Laurel, MS 39440

#### SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:

The Resident Advisory Board consists of six (6) members. They are selected by the resident body. Meetings are held quarterly.

#### CHALLENGED ELEMENTS: NONE

#### Resident Advisory Board Recommendations

- a.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

If yes, provide the comments below:

- b. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary. N/A
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, December 17, 2009 at 3:00 P. M.

**There were no comments or challenged elements regarding the annual and five year plan.**

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: LAUREL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P002501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <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>	169,875				
3	1408 Management Improvements	174,998				
4	1410 Administration (may not exceed 10% of line 21)	113,500				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	148,000				
8	1440 Site Acquisition					
9	1450 Site Improvement	30,000				
10	1460 Dwelling Structures	470,648				
11	1465.1 Dwelling Equipment—Nonexpendable	28,000				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <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**

**Part I: Summary**

<b>PHA Name:</b> LAUREL HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P002501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</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
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)	1,135,021			
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>Date</b> 12-17-09	<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.

<b>Part II: Supporting Pages</b>								
PHA Name: LAUREL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MS26P002501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COCC	Administration Management Fees	1410		113,500				
AMP 11	Operations	1406		74,730				
	Drug Prevention Resident Activities	1408		17,580				
	Security- PHA Wide Contract for Patrols	1408		59,348				
	A/E Fees, Consulting, Survey, Inspection	1430		15,500				
	Legal Fees	1430		60,000				
	Consultant Services	1430		30,000				
	Site Improvements	1450		7,500				
	UPCS Deficieicnes: Preventative Non- Routine Maintenance	1460	273	236,288				
	Ranges	1465.1	10	4,000				
	Refrigerators	1465.1	15	6,000				
AMP 12	Operations	1406		33,945				
	Drug Prevention Resident Activities	1408		7,990				
	Security- PHA Wide Contract for Patrols	1408		26,950				
	A/E Fees, Consulting, Survey, Inspection	1430		12,500				
	Site Improvements	1450		7,500				
	UPCS Deficieicnes: as stated in AMP 11	1460	124	86,180				
	Ranges	1465.1	5	2,000				

	Refrigerators	1465.1	10	4,000			
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<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

<b>Part II: Supporting Pages</b>								
PHA Name: LAUREL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MS26P002501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 13	Operations	1406		30,000				
	Drug Prevention Resident Activities	1408		7,085				
	Security	1408		23,915				
	A/E Fees, Consulting, Survey, Inspection	1430		12,500				
	Site Improvements	1450		7,500				
	UPCS Deficiencies: (See AMP 11 above)	1460	110	76,450				
	Ranges	1465.1	5	2,000				
	Refrigerators	1465.1	10	4,000				
AMP 14	Operations	1406		31,200				
	Drug Prevention Resident Activities	1408		7,345				
	Security	1408		24,785				
	A/E Fees, Consulting, Survey, Inspection	1430		17,500				
	Site Improvements	1450		7,500				
	UPCS Deficiencies: (See AMP 11 above)	1460		71,730				
	Ranges	1465.1	5	2,000				
	Refrigerators	1465.1	10	4,000				

	GRAND TOTAL			1,135,021			
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<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 III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2010
PHA Name: LAUREL HOUSING AUTHORITY					Reasons for Revised Target Dates <sup>1</sup>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
COCC	09/1/2012		09/1/2014		
AMP 11	09/1/2012		09/1/2014		
AMP 12	09/1/2012		09/1/2014		
AMP 13	09/1/2012		09/1/2014		
AMP 14	09/1/2012		09/1/2014		

<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.

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

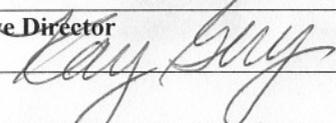
**Part I: Summary**

PHA Name: LAUREL HOUSNIG AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R002501-10 Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
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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 <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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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>	65,105			

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> LAUREL HOUSNIG AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R002501-10 Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
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)	65,105				
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>Date</b> 12-17-09		<b>Signature of Public Housing Director</b>		
				<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.







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

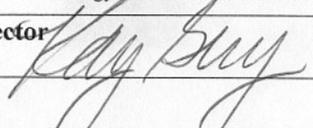
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		
PHA Name: LAUREL HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P002501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 9/30/09     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>	169,875		169,875	0
3	1408 Management Improvements	174,998		134,998	0
4	1410 Administration (may not exceed 10% of line 21)	113,500		113,500	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	58,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000			
10	1460 Dwelling Structures	560,648			
11	1465.1 Dwelling Equipment—Nonexpendable	28,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <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.

<b>Part I: Summary</b>					
<b>PHA Name:</b> LAUREL HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P002501-09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<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: 9/30/09 <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)	1,135,021		418,373	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
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>Date</b> 12-17-09		<b>Signature of Public Housing Director</b>	
				<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.

Part II: Supporting Pages								
PHA Name: LAUREL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MS26P002501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COCC	Administration Management Fees	1410		113,500		113,500	0	
AMP 11	Operations	1406		74,730		74,730	0	
	Drug Prevention Resident Activities	1408		17,580				
	Security- PHA Wide Contract for Patrols	1408		59,348		59,348	0	
	A/E Fees, Consulting, Survey, Inspection	1430		15,500				
	Site Improvements	1450		7,500				
	UPCS Deficieicnes: Preventative Non- Routine Maintenance	1460	273	326,288				
	Ranges	1465.1	10	4,000				
	Refrigerators	1465.1	15	6,000				
AMP 12	Operations	1406		33,945		33,945	0	
	Drug Prevention Resident Activities	1408		7,990				
	Security- PHA Wide Contract for Patrols	1408		26,950		26,950	0	
	A/E Fees, Consulting, Survey, Inspection	1430		12,500				
	Site Improvements	1450		7,500				
	UPCS Deficieicnes: as stated in AMP 11	1460	124	86,180				
	Ranges	1465.1	5	2,000				
	Refrigerators	1465.1	10	4,000				

<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 II: Supporting Pages								
PHA Name: LAUREL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MS26P002501-09 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 13	Operations	1406		30,000		30,000	0	
	Drug Prevention Resident Activities	1408		7,085				
	Security	1408		23,915		23,915	0	
	A/E Fees, Consulting, Survey, Inspection	1430		12,500				
	Site Improvements	1450		7,500				
	UPCS Deficiencies: (See AMP 11 above)	1460	110	76,450				
	Ranges	1465.1	5	2,000				
	Refrigerators	1465.1	10	4,000				
AMP 14	Operations	1406		31,200		31,200	0	
	Drug Prevention Resident Activities	1408		7,345				
	Security	1408		24,785		24,785	0	
	A/E Fees, Consulting, Survey, Inspection	1430		17,500				
	Site Improvements	1450		7,500				
	UPCS Deficiencies: (See AMP 11 above)	1460		71,730				
	Ranges	1465.1	5	2,000				
	Refrigerators	1465.1	10	4,000				
	GRAND TOTAL			1,135,021		418,373	0	

<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**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: LAUREL 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	
COCC	09/1/2011		09/1/2013		
AMP 11	9/1/2011		09/1/2013		
AMP 12	09/1/2011		09/1/2013		
AMP 13	09/1/2011		09/1/2013		
AMP 14	09/1/2011		09/1/2013		

<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.

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

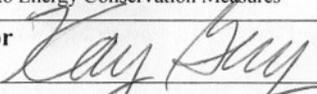
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>	
PHA Name: LAUREL HOUSNIG AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R002501-09 Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/09       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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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>	65,105		0	0

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> LAUREL HOUSNIG AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R002501-09 Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<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: 09/30/09 <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)	65,105		0	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
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>Date</b> 12-17-09	<b>Signature of Public Housing Director</b>			<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.



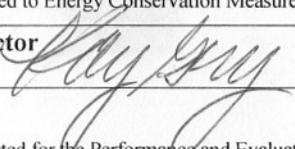


<b>Part I: Summary</b>					
PHA Name: Laurel Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26S002501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (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	80,000		50,750	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,236,004			
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.

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> Laurel		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26S002501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<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: 9/30/09 <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)	1,316,004		50,750	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
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>Date</b> 12-17-09		<b>Signature of Public Housing Director</b>		
				<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.









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: LAUREL HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P002501-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09 <input checked="" type="checkbox"/> Revised Annual Statement (revision no:02 ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	169,875	169,875	169,875	169,875
3	1408 Management Improvements	174,998	195,000	195,000	123,694.47
4	1410 Administration (may not exceed 10% of line 21)	97,500	97,500	97,500	97,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	58,000	10,099.50	10,099.50	10,099.50
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000	5,886.50	5,886.50	5,886.50
10	1460 Dwelling Structures	405,911	419,657	419,657	242,893
11	1465.1 Dwelling Equipment—Nonexpendable	28,000	35,746	35,746	18,603.95
12	1470 Non-dwelling Structures	1,000	1,520	1,520	1,295
13	1475 Non-dwelling Equipment	10,000	40,000	40,000	18,856.62
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.

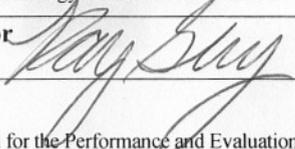
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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> LAUREL HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P002501-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</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: 02 )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/09		<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)	975,284	975,284	975,284	688,704.04	
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>Date</b> 12-17-09		<b>Signature of Public Housing Director</b>		
				<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.

<b>Part II: Supporting Pages</b>								
PHA Name: LAUREL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MS26P002501-08 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COCC	Administration Management Fees	1410		97,500	97,500	97,500	97,500	
AMP 11	Operations	1406		74,730	74,730	74,730	74,730	
	Drug Prevention Resident Activities	1408		17,580	17,580	17,580	5,662.68	
	Security- PHA Wide Contract for Patrols	1408		59,348	67,896	67,896	48,579.39	
	Computer Upgrades	1408		0	323.55	323.55	323.55	
	A/E Fees, Consulting, Survey, Inspection	1430		15,500	5,183	5,183	5,183	
	Site Improvements	1450		7,500	1,176.50	1,176.50	1,176.50	
	UPCS Deficieicnes: Preventative Non- Routine Maintenance	1460	273	177,551	177,551	177,551	111,761.09	
	Ranges	1465.1	10	4,000	4,000	4,000	0	
	Refrigerators	1465.1	15	6,000	8,071	8,071	5,269	
	Maintenance Equipment	1475		5,000	14,000	14,000	11,154.50	
AMP 12	Operations	1406		33,945	33,945	33,945	33,945	
	Drug Prevention Resident Activities	1408		7,990	7,990	7,990	2,498.78	
	Security- PHA Wide Contract for Patrols	1408		26,950	30,902	30,902	22,081.73	
	Computer Upgrades	1408		0	108	108	108	
	A/E Fees, Consulting, Survey, Inspection	1430		12,500	1,328	1,328	1,328	
	Site Improvements	1450		7,500	3,272	3,272	3,272	

	UPCS Deficiencies: as stated in AMP 11	1460	124	86,180	86,180	86,180	45,309.10	
	Ranges	1465.1	5	2,000	2,000	2,000	0	
	Refrigerators	1465.1	10	4,000	6,670	6,670	4,335	
	Maintenance Equipment	1475		0	4,000	4,000	939.24	

<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  
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 Expires 4/30/2011

<b>Part II: Supporting Pages</b>								
PHA Name: LAUREL HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MS26P002501-08 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 13	Operations	1406		30,000	30,000	30,000	30,000	
	Drug Prevention Resident Activities	1408		7,085	7,085	7,085	2,249.64	
	Security	1408		23,915	27,918	27,918	19,873.36	
	Computer Upgrades	1408		0	97.20	97.20	97.20	
	A/E Fees, Consulting, Survey, Inspection	1430		12,500	1,170.50	1,170.50	1,170.50	
	Site Improvements	1450		7,500	347	347	347	
	UPCS Deficiencies: (See AMP 11 above)	1460	110	76,450	76,450	76,450	42,811.27	
	Ranges	1465.1	5	2,000	2,000	2,000	0	
	Refrigerators	1465.1	10	4,000	6,670	6,670	4,335	
	Non Dwelling Structure	1470		0	745	745	745	
	Maintenance Equipment	1475		0	13,000	13,000	903.72	
AMP 14	Operations	1406		31,200	31,200	31,200	31,200	
	Drug Prevention Resident Activities	1408		7,345	7,345	7,345	2,249.64	
	Security	1408		24,785	27,658.05	27,658.05	19,873.30	
	Computer Upgrades	1408		0	97.20	97.20	97.20	
	A/E Fees, Consulting, Survey, Inspection	1430		17,500	2,418	2,418	2,418	
	Site Improvements	1450		7,500	1,091	1,091	1,091	
	UPCS Deficiencies: (See AMP 11 above)	1460		65,730	79,476	79,476	43,011.54	
	Ranges	1465.1	5	2,000	2,000	2,000	329.95	

	Refrigerators	1465.1	10	4,000	4,335	4,335	4,335	
	Non Dwelling Structures	1470		1,000	775	775	550	
	Maintenance Equipment	1475		5,000	9,000	9,000	5,859.16	
	<b>GRAND TOTAL</b>			<b>975,284</b>	<b>975,284</b>	<b>975,284</b>	<b>688,704.04</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 III: Implementation Schedule for Capital Fund Financing Program**

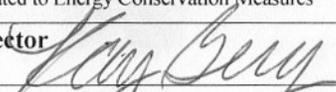
PHA Name: LAUREL HOUSING AUTHORITY

Federal FFY of Grant: 2008

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
COCC	9/1/10		9/1/12		
AMP 11	9/1/10		9/1/12		
AMP 12	9/1/10		9/1/12		
AMP 13	9/1/10		9/1/12		
AMP 14	9/1/10		9/1/12		

<b>Part I: Summary</b>					
PHA Name: LAUREL		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R002501-08 Date of CFFP:		FFY of Grant: 2008 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: 9/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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>	64,376		0	0

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> LAUREL		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R002501-08 Date of CFFP:		<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>	
<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: 9/30/09		<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)	64,376		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
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>Date</b> 12-17-09		<b>Signature of Public Housing Director</b>	
				<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.







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

<b>Part I: Summary</b>		
PHA Name: LAUREL	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R002501-07 Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 9/30/09       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				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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>	57,699		57,699	0

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

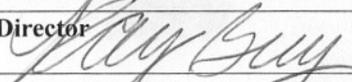
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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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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> LAUREL		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No <b>MS26R002501-07</b> Date of CFFP:			<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	
<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: 9/30/09		<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)	57,699		57,699	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
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>Date</b> 12-17-09		<b>Signature of Public Housing Director</b>		
				<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.







**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>Laurel Housing Authority</b>		Locality (City/County & State) <b>Laurel, Jones, MS</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	606,648	449,097	319,680	294,411
C.	Management Improvements		174,998	174,998	174,998	174,998
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	40,000
E.	Administration		97,500	97,500	97,500	97,500
F.	Other		86,000	120,500	183,237	218,237
G.	Operations		169,875	169,875	169,875	169,875
H.	Demolition		0	123,051	189,731	0
I.	Development		0	0	0	120,000
J.	Capital Fund Financing – Debt Service		0	0	0	20,000
K.	Total CFP Funds		1,135,021	1,135,021	1,135,021	1,135,021
L.	Total Non-CFP Funds					
M.	Grand Total		1,135,021	1,135,021	1,135,021	1,135,021

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number <b>Laurel Housing Authority</b>		Locality:, <b>Laurel, Jones, MS</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>	<input type="checkbox"/> <b>Revision No:</b>
A.	Development Number and Name Number	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
		Annual Statement				
	COCC		97,500	97,500	97,500	97,500
	AMP 11		137,730	450,018	197,467	292,730
	AMP 12		256,362	146,125	298,676	222,182
	AMP 13		384,501	132,450	132,450	118,500
	AMP 14		83,930	133,930	233,930	229,111

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	COCC	Management Fees	97,500	COCC	Management Fees	97,500
	AMP 11	Operations	74,730	AMP 11	Operations	74,730
		A/E Fees, Consulting, Inspections, Testing	15,500		A/E Fees, Consulting, Inspections, Testing	50,000
		Site Improvements	7,500		Site Improvements	2,000
		Correction of UPCS Deficiencies	30,000		Correction of UPCS Deficiencies	30,500
		Ranges	4,000		Interior/Exterior Renovations	159,737
		Refrigerators	6,000		Ranges	4,000
					Refrigerators	6,000
	AMP 12	Operations	33,945		Demolition	123,051
		A/E Fees, Consulting, Inspections, Testing	12,500			
		Site Improvements	7,500	AMP 12	Operations	33,945
		Correction of UPCS Deficiencies	36,680		A/E Fees, Consulting, Inspections, Testing	12,500
		Interior/Exterior Renovations	159,737		Site Improvements	7,500
		Ranges	2,000		Correction of UPCS Deficiencies	86,180
		Refrigerators	4,000		Ranges	2,000
					Refrigerators	4,000
	AMP 13	Operations	30,000			
		A/E Fees, Consulting, Inspections, Testing	12,500	AMP 13	Operations	30,000
		Site Improvements	7,500		A/E Fees, Consulting, Inspections, Testing	12,500
		Correction of UPCS Deficiencies	26,450		Site Improvements	7,500
		Interior/Exterior Renovations	302,051		Correction of UPCS Deficiencies	76,450
		Ranges	2,000		Ranges	2,000
		Refrigerators	4,000		Refrigerators	4,000

**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**

	AMP 14	Operations	31,200	AMP 14	Operations	31,200
		A/E Fees, Consulting, Inspections, Testing	17,500		A/E Fees, Consulting, Inspections, Testing	17,500
		Site Improvements	7,500		Site Improvements	7,500
		Correction of UPCS Deficiencies	21,730		Correction of UPCS Deficiencies	71,730
		Ranges	2,000		Ranges	2,000
		Refrigerators	4,000		Refrigerators	4,000
	Subtotal of Estimated Cost		\$ 960,023	Subtotal of Estimated Cost		\$ 960,023

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	COCC	Management Fees	97,500	COCC	Management Fees	97,500
Annual Statement	AMP 11	Operations	74,730	AMP 11	Operations	74,730
		A/E Fees, Consulting, Inspections, Testing	15,500		A/E Fees, Consulting, Inspections, Testing	15,500
		Site Improvements	7,500		Site Improvements	7,500
		Correction of UPCS Deficiencies	30,000		Correction of UPCS Deficiencies	30,000
		Ranges	4,000		Ranges	4,000
		Refrigerators	6,000		Refrigerators	6,000
		Acquisition	59,737		Site Acquisition	15,000
					Non Dwelling Structures	5,000
	AMP 12	Operations	33,945		Non Dwelling Equipment	5,000
		A/E Fees, Consulting, Inspections, Testing	50,000		Replacement Reserve	5,000
		Site Improvements	3,500		Development Activities	110,000
		Correction of UPCS Deficiencies	15,500		Debt Service	10,000
		Ranges	2,000		Relocation	5,000
		Refrigerators	4,000			
		Demolition	189,731	AMP 12	Operations	33,945
					A/E Fees, Consulting, Inspections, Testing	30,000
	AMP 13	Operations	30,000		Legal Fees	59,737
		A/E Fees, Consulting, Inspections, Testing	12,500		Site Improvements	7,500
		Site Improvements	7,500		Correction of UPCS Deficiencies	30,000
		Correction of UPCS Deficiencies	76,450		Ranges	2,000
		Ranges	2,000		Refrigerators	4,000
		Refrigerators	4,000		Site Acquisition	15,000
					Non Dwelling Structures	5,000
	AMP 14	Operations	31,200		Non Dwelling Equipment	5,000





