

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)

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.

Streamlined 5-Year Plan for Fiscal Years 2010 - 2014

Streamlined Annual Plan for Fiscal Year 2010

MS REGIONAL HOUSING AUTHORITY NO. VII

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
[24 CFR Part 903.12(b)]

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" MS057A01

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

Attachment "B" MS057B01

Violence Against Women Act

Attachment "C" MS057C01

Resident Advisory Board and Comments

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Capital Fund Program Original Annual Statement FY2010

Attachment "E" MS057E01

Capital Fund Program Original Annual Statement FY2009

Attachment "F" MS057F01

P&E Statements for Stimulus CFP FY 2009

Attachment "G" MS057G01

P&E Statements for CFP FY 2008

Attachment "H" MS057H01

P&E Statements for CFP FY 2007

Attachment "I" MS057I01

P&E Statements for CFP FY 2006

Attachment "J" MS057J01

CFP Five Year Action Plan

MS057V01

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
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1.0	PHA Information PHA Name: <u>MS Regional Housing Authority No. VII</u> PHA Code: <u>MS26P057</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>1/2010</u>												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>120</u> Number of HCV units: <u>1238</u>												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
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>To provide, within the limits imposed by applicable laws, HUD rules, and regulations, adequate housing and related services for qualified citizens.</p> <p>The Housing Authority has developed this plan in conjunction with the resident advisory board, residents, local government officials, the general public and the board of commissioners. The plan has been publicly advertised and made available for public review. A public hearing was conducted at which time the board received public comments, reviewed the plan, and approved the plan for submission to the department of housing and urban development.</p> <p>The Housing Authority expanded on those goals and objectives and quantified them in the strategies section. The plan provides statements on low and very low income housing needs including elderly and disabled, financial resources available and planned uses, policies that govern eligibility, selection, and admissions including preferences and deconcentration, maintaining waiting lists, rent determination, capital needs, demolition and disposition plans, safety and crime prevention measures. There also are statements concerning civil rights, American Disabilities Act, Section 504, fair housing, and the most recent fiscal audit. All resident comments during the development of the plan are recorded and on file at the authority available for review.</p> <p>All areas covered by the authority are subject to consistency with the state of Mississippi consolidated plan. There are no entitlement cities within our region.</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.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
 - Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities: Work with city and county government to produce affordable housing
 - Acquire or build units or developments
 - Other (list below)

- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Improve public housing management: (PHAS score 84.0) and (MASS score 26.0) Increase PHAS score by 1% per plan year
 - Improve voucher management: (SEMAP score 100)
 - Increase customer satisfaction: Conduct customer satisfaction survey
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units: Continue plans to raise standards of public housing units to market level units in each development
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling: as part of briefing
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards, when necessary
 - Implement voucher homeownership program: if feasible
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists: (Community based)
 - Convert public housing to vouchers:
 - Other: (list below)

Conduct voucher homeownership study and implement if feasible based on results of study.

HUD Strategic Goal: Improve community quality of life and economic vitality

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Increase the number and percentage of employed persons in assisted families: Coordinate area training programs
 - Provide or attract supportive services to improve assistance recipients' employability: Coordinate delivery of workfare and FSS programs
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities. Continue current programs
 - Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Manager training and owner briefings
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - Other: (list below)

Other PHA Goals and Objectives: (list below)

PHA Goal: Provide necessary professional development for PHA staff.

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE</p> <p>The PHA held its Public Hearing and Resident Advisory Board meeting on Friday, September 18,2009 at 11:00 A. M. There were no comments regarding the annual and five year plan</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. MS Regional Housing Authority No. VII 130 Commerce Street McComb, MS 39648</p>
7.0	<p>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></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>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.</p>
8.2	<p>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.</p>
8.3	<p>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.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>

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 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. Currently, we have air condition all of our units and plan to make some of the developments total electric. We continue to improve the units as needed to make them more marketable.

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. Additionally, we will be providing homeownership opportunities through our Section 8 program.

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.

(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

(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:

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.

10.0

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (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)
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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”

MS REGION VII HOUSING AUTHORITY POLICY ON VIOLATION AGAINST WOMEN (VAWA) AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

The VAWA prohibits the MS Regional Housing Authority No. VII (MRHA) to evict or remove assistance from certain persons (including members of the victim’s immediate family) living in the MRHA developments if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as described in Section 3 of the U.S. Housing Act of 1937, and amended by the Violence Against Women Reauthorization Act (VAWA) of 2005.

The MRHA will accept certification from alleged victims in verifying this claim by a MRHA resident.

The VAWA provides “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the MRHA authority to terminate the tenancy of any tenant if the MRHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant’s control and a tenant or immediate family member of the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the MRHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

One of the following:

A police or court record documenting the actual or threatened abuse

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the MRHA within 14 business days after the individual claiming victim status receives a request for such certification. The MRHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The MRHA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the MRHA discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the MRHA may proceed with assistance termination.

The MRHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the MRHA deems the victim's life to be in imminent danger.

In extreme circumstances when the MRHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the MRHA will bypass the standard process and proceed with the immediate termination of the family's assistance. The MRHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the MRHA that the incident or incidents of abuse are bona fide. All information provided to the MRHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law. The MRHA five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the MHA that are intended to support assist victims of domestic violence described above.

Required Attachment C: Membership of the Resident Advisory Board or Boards

RESIDENT ADVISORY BOARD - Public Housing Program

1. FAYETTE

Robbie Bailey - President
P. O. Box 2177
Fayette, MS 39069

Shevette Wyatt - Communications
P. O. Box 2463
Fayette, MS 39069

Linda Jackson - Communications
P. O. Box 981
Fayette, MS 39069

Ethel Lott
P. O. Box 2137
Fayette, MS 39069

2. GLOSTER

Amanda Thompson - President
P. O. Box 641
Gloster, MS 39638

Precious Cox
P. O. Box 53
Gloster, MS 39638

3. MONTICELLO

Gelinda Hudson - President
18 Curtis Lane
Monticello, MS 39654

Laurisse Newsome
P. O. Box 53
Monticello, MS 39654

4. OSYKA

Sherri Wall
P. O. Box 567
Osyka, MS 39657

Tonny Pounds
130 East Pine Street
Magnolia, MS 39652

5. ROXIE

Tonya Shell
P. O. Box 334
Roxie, MS 39661

Gwen Hawkins
P. O. Box 368
Roxie, MS 39661

(1) 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.
- The PHA changed portions of the PHA Plan in response to comments

List changes below:

Other: (list below)

SECTION 8 PROGRAM

1. ADAMS COUNTY

**Latoya Barnes
12-B Grant St.
Natchez, MS 39121**

2. AMITE COUNTY

**Shannon Taylor
686W Railroad Ave Apt# A-1
Gloster, MS 39638**

3. FRANKLIN COUNTY

**Tenicia R. Bolin
55 Mills Road
P.O.Box 262
Roxie, MS 39661**

4. JEFFERSON COUNTY

**Nekeitha Fleming
212 SW Lane Apt# A-3
Fayette, MS 39069**

5. JEFF DAVIS COUNTY

**Annie Joshua
1088 Sweet Beulah Lane
P.O. Box 483
Prentiss, MS 39474**

6. LAWRENCE COUNTY

**Cheryl S. Lenyoun
191 Stephenson Ceme Road. #4
P.O. Box 286
Silver Creek, MS 39663**

7. LINCOLN COUNTY

**Valerie Terrell
1265 Field Lark #27
Brookhaven, MS 39601**

8. PIKE COUNTY

**Andronette Brumfield
134A New York Ave.
McComb, MS 39648**

9. WALTHALL COUNTY

**Shirley B. Welsh
19 East Westover Drive
Tylertown, MS 39667**

10. WILKINSON COUNTY

**Rosetta Hollins
118 Tolliver Ave.
Woodville, MS 39669**

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

Parti: Summary						
PHA Name: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 1-2010 FFY of Grant Approval: 1-2010	
Type of Grant E3 Original Annual Statement Q Reserve for Disasters/Emergencies Q 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'		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ¹	18,000				
3	1408 Management Improvements	7,000				
4	1410 Administration (may not exceed 10% of line 21)	20,400				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	28,000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	103,796				
II	1465.1 Dwelling Equipment—Nonexpendable	9,600				
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.
 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

Parti: Summary		
PHA Name: MS Regional Housing Authority No. VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 1-2010 FFY of Grant Approval: 1-2010

Type of Grant
 IX] Original Annual Statement **Reserve for Disasters/Emergencies** **Q Revised Annual Statement (revision no:)**
 I] Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ¹	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)	186,796			
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: 09/25/2009	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.
 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: MS Regional Housing Authority No. VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 1-2009 FFY of Grant Approval: 1-2009

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report	
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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	25,000	29,337		
3	1408 Management Improvements	7,000	7,000		
4	1410 Administration (may not exceed 10% of line 21)	20,400	20,400		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,000	28,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	92,459	92,459		
11	1465.1 Dwelling Equipment—Nonexpendable	9,600	9,600		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	22,500	-0-		
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.
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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:1-2009 FFY of Grant Approval: 1-2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <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)	204,959	186,796		
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 9-25-09		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.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26S057501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 1-2009 FFY of Grant Approval: 1-2009	
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: 8/30/09 <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				
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	259,437		259,437	152,383.20
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

Part I: Summary						
PHA Name: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26S057501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:1-2009 FFY of Grant Approval: 1-2009	
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: 8/30/09 <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)	259,437		259,437	152,383.20	
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: 9-25-09		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary	
PHA Name: MS Regional Housing Authority No. VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-08 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 1-2008 FFY of Grant Approval: 1-2008	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 8/30/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	15,000	15,000	15,000	15,000
3	1408 Management Improvements	35,000	14,406	10,703.08	10,703.08
4	1410 Administration (may not exceed 10% of line 21)	19,000	19,000	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000	40,000	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	19,500	19,500	-0-	-0-
10	1460 Dwelling Structures	25,000	25,000	-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	43,959	43,959	-0-	-0-
13	1475 Non-dwelling Equipment	7,500	28,094	-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

U.S. Department of Housing and Urban Development
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Part I: Summary						
PHA Name: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:1-2008 FFY of Grant Approval: 1-2008	
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: 8/30/09 <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)	204,959	204,959	25,703.08	25,703.08	
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 9-25-09		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: MS Regional Housing Authority No. VII			Grant Type and Number Capital Fund Program Grant No: MS26P057501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 1-2008		
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	
HA-WIDE	OPERATIONS	1406		15,000	15,000	15,000	15,000	
HA-WIDE	MANAGEMENT IMPROVEMENT – STAFF & COMMISSIONER TRAINING/CPA CONSULTANT	1408		5,000	14,406	10,703.09	10,703.09	
MS057-001	SECURITY SERVICES - FAYETTE	1408		30,000	-0-	-0-	-0-	
HA-WIDE	ADMINISTRATION	1410		19,000	19,000	-0-	-0-	
HA-WIDE	FEES AND COSTS: ARCHITECT AND CONSULTANT SERVICES	1430		25,000	25,000	-0-	-0-	
HA-WIDE	LAND SURVEYOR SERVICES TO RE- ESTABLISH SITE BOUNDARIES	1430	5 SITES	15,000	15,000	-0-	-0-	
HA-WIDE	SITE SIGNAGE	1450	10 SITES	12,000	12,000	-0-	-0-	
MS057-001	FENCING - FAYETTE	1450	1 SITE	7,500	7,500	-0-	-0-	
HA-WIDE	REPLACE DOOR LOCKS	1460	120 UNITS	25,000	25,000	-0-	-0-	
HA-WIDE	MAINTENANCE BUILDING OFFICE AND STORAGE	1470	1	43,959	43,959	-0-	-0-	
HA-WIDE	COPIER TO DIGITIZE DOCUMENTS AND OLD FILES	1475	1	7,500	-0-	-0-	-0-	
HA-WIDE	1 TRUCK @ 17,000 & MOWER @ 11,094	1475	2	-0-	28,094	-0-	-0-	
			TOTAL	204,959	204,959	25,703.08	25,703.08	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 1-2007 FFY of Grant Approval: 1-2007	
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: 8/30/09 <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	25,000	34,444	34,444	34,444
3	1408 Management Improvements	5,000	5,000	5,000	217.04
4	1410 Administration (may not exceed 10% of line 21)	19,000	18,487	18,487	18,487
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000	35,000	35,000	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	81,821	82,334	82,334	5,000
11	1465.1 Dwelling Equipment—Nonexpendable	9,600	9,600	9,600	-0-
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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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: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 1-2007 FFY of Grant Approval: 1-2007	
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: 8/30/09 <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)	175,421	184,865	184,865	58,148.04	
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					
Signature of Executive Director 		Date 9-25-09		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.

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		FFY of Grant: 1-2006 FFY of Grant Approval: 1-2006
PHA Name: MS Regional Housing Authority No. VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-06 Replacement Housing Factor Grant No: Date of CFFP:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 8/30/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	29,586	37,399.62	37,399.62	37,399.62
3	1408 Management Improvements	5,000	5,000	5,000	5,000
4	1410 Administration (may not exceed 10% of line 21)	19,000	19,000	19,000	19,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	10,000	10,000	925
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	69,949.50	62,135.88	62,135.88	-0-
11	1465.1 Dwelling Equipment—Nonexpendable	9,900	9,900	9,900	4,269.85
12	1470 Non-dwelling Structures	10,000	10,000	10,000	-0-
13	1475 Non-dwelling Equipment	36,827.50	36,827.50	36,827.50	10,399.22
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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: MS Regional Housing Authority No. VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-06 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:1-2006 FFY of Grant Approval: 1-2006		
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: 8/30/09 <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)	190,263	190,263	190,263	96,993.69	
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 9-25-09		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.
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Part II: Supporting Pages								
PHA Name: MS Regional Housing Authority No. VII			Grant Type and Number Capital Fund Program Grant No: MS26P057501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 1-2006		
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	
HA-WIDE	OPERATIONS	1406		29,586	37,399.62	37,399.62	37,399.62	
HA-WIDE	MANAGEMENT IMPROVEMENT – STAFF & COMMISSIONER TRAINING	1408		5,000	5,000	5,000	5,000	
HA-WIDE	ADMINISTRATION - PART OF TWO (2) EMPLOYEE'S SALARY & BENEFITS	1410		19,000	19,000	19,000	19,000	
HA-WIDE	FEES AND COSTS: ARCHITECT AND CONSULTANT SERVICES	1430		10,000	10,000	10,000	925	
MS057-003 OSYKA	COMPREHENSIVE UNIT RENOVATION: BATH/KITCHEN, FLOORING, ELECTRICAL UPGRADE, PATCH AND PAINT INTERIOR, INTERIOR DOORS/ HARDWARE, CHANGE UNITS TO TOTAL ELECTRIC WITH PUMPS, INSULATE FRONT WINDOW PANELS, INSTALL SIGNAGE WITH MAIL BOXES.	1460	10 UNITS	69,949.50	62,135.88	62,135.88	-0-	
HA-WIDE	REFRIGERATORS & STOVES & 15 GARBAGE CANS	1465.1	25	9,900	9,900	9,900	4,269.85	
HA-WIDE	KIOSKS FOR EACH SITE @ 1,000 EA. (BULLITIN BOARDS)	1470	10	10,000	10,000	10,000	-0-	
HA-WIDE	LAWN MOWER	1475	1	10,492.50	10,492.50	10,492.50	10,492.50	
HA-WIDE	1 TRUCKS @ 12,774 & 1 CAR @ 13,561	1475	2	26,335	26,335	26,335	19,906.72	
			TOTAL	190,263	190,263	190,263	96,993.69	

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 MS Regional Housing Authority No. VII		Locality (City/County & State) McComb, Pike County, MS			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	117,796	102,796	117,796	102,796
C.	Management Improvements		5,000	5,000	5,000	5,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		19,000	19,000	19,000	19,000
F.	Other		20,000	35,000	20,000	35,000
G.	Operations		25,000	25,000	25,000	25,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		186,796	186,796	186,796	186,796
L.	Total Non-CFP Funds					
M.	Grand Total		186,796	186,796	186,796	186,796

Part III: Supporting Pages – Management 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	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	N/A		N/A	
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$