

# 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

# BROOKHAVEN 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**  
[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" MS060A01**

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

**Attachment "B" MS060B01**

Violence Against Women Act

**Attachment "C" MS060C01**

Resident Advisory Board and Comments

**Attachment "D" MS060D01**

Capital Fund Program Original Annual Statement FY2010

**Attachment "E" MS060E01**

P&E Statements for CFP FY 2009

**Attachment "F" MS060F01**

P&E Stimulus Statement FY2009

**Attachment "G" MS060G01**

P&E Statements for CFP FY 2008

**Attachment "H" MS060H01**

CFP Five Year Action Plan

**MS060V01**

PHA 5 Year and Annual Plan

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Brookhaven Housing Authority</u> PHA Code: <u>MS26P060</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>												
<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>329</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 <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:													
<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.												

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:
- Acquire or build units or developments
- Other (list below)

PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score 73 and MASS score 25) **Improve to high performance level.**
- Improve voucher management: (SEMAP score)
- Increase customer satisfaction: **The Housing Authority will continue to inform residents of policies, procedures, rules and regulations to improve public relation and resident satisfaction.**
- Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units: **With the use of Capital Fund Program funds, the PHA will continue ongoing efforts to improve the livability, security, energy efficiency and preserve the physical integrity of the structures.**
- 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:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

**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: **The Housing Authority will continue to employ law enforcement and private security to eliminate drugs and crimes and screen all public housing applicants.**
- 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: **Increase the number of employed residents or family members.**
- Provide or attract supportive services to improve assistance recipients' employability: **Provide residents with community service programs to allow residents to become and remain employed or return to school.**
- Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Provide services for the elderly/families through senior services 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: **The PHA will continue to undertake affirmative equal access for all applicants which is reinforced in the Admissions and Continued Occupancy Plan.**
- 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: **The PHA is currently and will continue to make handicapped modifications based on individual need, which exceed 504 requirements.**

Other: (list below)

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: <b>NONE</b></p> <p><b>The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, June 24, 2010 at 4:00 P. M. There were no Challenged Elements 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. Brookhaven Housing Authority 501 Brookman Drive Brookhaven, MS 39601</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 Brookhaven Housing will be planning a unit conversion for AMP 20, Cloverdale Acres. We plan to convert seven (7) five bedroom units to seven (7) two bedroom duplexes.</p> <p><b>Demolition and Disposition</b> [24 CFR Part 903.7 9 (h)] Applicability of component 8: Section 8 only PHAs are not required to complete this section.</p> <p>1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)</p> <p>2. Activity Description</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: Has the PHA provided the activities description information in the <b>optional</b> Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)</p> <p><b>No Activity</b></p> <table border="1" data-bbox="240 850 1414 1281"> <thead> <tr> <th colspan="2">Demolition/Disposition Activity Description</th> </tr> </thead> <tbody> <tr> <td>1a. Development name:</td> <td>Carver Heights</td> </tr> <tr> <td>1b. Development (project) number:</td> <td>MS26P060-001</td> </tr> <tr> <td>2. Activity type:</td> <td>Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/></td> </tr> <tr> <td>3. Application status (select one)</td> <td>Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/></td> </tr> <tr> <td>4. Date application approved, submitted, or planned for submission:</td> <td>(05/01/09)</td> </tr> <tr> <td>5. Number of units affected:</td> <td>100</td> </tr> <tr> <td>6. Coverage of action (select one)</td> <td><input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development</td> </tr> <tr> <td>7. Timeline for activity:</td> <td>a. Actual or projected start date of activity: 01/01/2010 b. Projected end date of activity: 06/30/2010</td> </tr> </tbody> </table>	Demolition/Disposition Activity Description		1a. Development name:	Carver Heights	1b. Development (project) number:	MS26P060-001	2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>	4. Date application approved, submitted, or planned for submission:	(05/01/09)	5. Number of units affected:	100	6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development	7. Timeline for activity:	a. Actual or projected start date of activity: 01/01/2010 b. Projected end date of activity: 06/30/2010
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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></p> <p><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>																		

<b>9.1</b>	<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>
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**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.

1. The PHA established the goal to reduce vacancies by 2% annually. This goal has been met.
2. The PHA has established the goal to increase the supply of housing, if there is a proven need. Currently the housing need is being satisfied with the existing inventory, however, this situation will be monitored closely by the PHA in accordance with future trends for additional housing needs.
3. The PHA established the goal of having units compatible with private market rentals. With the use of Capital Fund the PHA is on schedule meeting this goal.
4. The PHA established a goal to increase the average income of residents 2% annually. Over the past year, we have exceeded this goal.
5. The PHA established the goal to provide security efforts. The PHA is meeting the requirements of this goal.
6. The PHA established the goal to provide services for elderly families through senior services. The PHA is meeting this goal.
7. The PHA established the goal to continue the policy to assure affirmative equal access for all applicants. The PHA is meeting this goal.
8. The PHA established the goal to make handicapped modifications to units exceeding 504 requirements based on individual need. The PHA is meeting this goal.

We continue to inspect all housing units annually. We have prioritized our needs for CFP monies. We have tested apartments for LBP and asbestos. We are continuing to upgrade the facilities and the dwelling units.

We have counseled various residents on homeownership and pledged our support if they choose to pursue homeownership. We do not believe it is feasible at this time to convert any of our rental units to homeownership.

Improving the physical condition of the units and grounds is a constant process. We will upgrade all component major systems.

10.0

The PHA continues to work closely with the city and county law enforcement agencies and obtains arrest information on any tenant for necessary appropriate action. Management and maintenance attend training seminars to improve related skills. PHA assesses and changes/updates policies as needed.

(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:**

The 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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## 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"**

### **BROOKHAVEN HOUSING AUTHORITY POLICY ON VIOLATION AGAINST WOMEN (VAWA) AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

The VAWA prohibits the Brookhaven Housing Authority (BHA) to evict or remove assistance from certain persons (including members of the victim's immediate family) living in the BHA developments if the asserted grounds for such action is:

- An instance of domestic violence;
- Dating violence;
- Sexual assault; or
- Stalking

These terms are defined in Section 3 of the United States Housing Action of 1937, and amended by the VAWA in Section 42 of U.S.C. 10329.

The BHA's five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the BHA that are intended to support and/or assist victims of domestic violence described above.

The BHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the BHA that the incident or incidents of abuse are bona fide

The BHA will accept certification from alleged victims in verifying this claim by a BHA 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 BHA's authority to terminate the tenancy of any tenant if the BHA 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 BHA 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 BHA within fourteen (14) business days after the individual claiming victim status receives a request for such certification. The BHA, 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 BHA 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 BHA's discretion. If the individual does not provide the required certification and supporting documentation within fourteen (14) business days, or the approved extension period, the BHA may proceed with assistance termination.

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

In extreme circumstances when the BHA 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 BHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

The BHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the BHA that the incident or incidents of abuse are bona fide

All information provided to the BHA 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.

## **Required Attachment “C”: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Camilla Abraham  
100 Fred Walley Dr.  
6A Oakview Apartments  
Brookhaven, MS 39601  
601-748-1490

Hazel Franklin  
115 E. Chippewa St.  
#21 Brookwood Apts  
Brookhaven, MS 39061  
601-833-4926

Lula M. Williams  
900 Williams St.  
#64 Cloverdale Acres Apt.  
Brookhaven, MS 39601  
601-833-2130

Alberta Williams  
100 Eastview Drive  
#22 Eastview Apartments  
Brookhaven, MS 39601  
601-835-1541

Ruth Myers  
501 Brookman Dr.  
#15 Lincoln Village Apts.  
Brookhaven, MS 39601  
601-833-5622

Katie Berry  
100 Fred Walley Drive  
Oakview Apts. # 5-A  
Brookhaven, MS 39601

### **SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:**

The Resident Advisory Board consists of six (6) members. They are selected by the resident body and Housing Authority.

## Challenged Elements

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **NONE**

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

## 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, June 24, 2010 at 4:00 P. M.

There were no comments 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		Grant Type and Number		FFY of Grant: 2010	
PHA Name: BROOKHAVEN HOUSING AUTHORITY		Capital Fund Program Grant No: MS26P060501-10		FFY of Grant Approval:	
		Replacement Housing Factor Grant No:			
		Date of CFFP: N/A			
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )		
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>	
		Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	104,624			
4	1410 Administration (may not exceed 10% of line 21)	55,083			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	391,132			
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>FFY of Grant: 2010</b>	
<b>PHA Name:</b> BROOKHAVEN	<b>Grant Type and Number</b> Capital Fund Program Grant No. MS26P060501-10 Replacement Housing Factor Grant No. Date of CFFP: N/A	<b>FFY of Grant Approval:</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b> <b>Expended</b>
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)	550,839	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date</b>		<b>Date</b>	
7/13/10		7/13/10	

<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		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: BROOKHAVEN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P060501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:01 ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost <sup>1</sup>
Line	Summary by Development Account	Total Estimated Cost 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	110,361	
4	1410 Administration (may not exceed 10% of line 21)	55,181	55,181
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	68,000	
8	1440 Site Acquisition		
9	1450 Site Improvement	15,000	
10	1460 Dwelling Structures	244,000	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures	34,263	
13	1475 Non-dwelling Equipment	25,000	
14	1485 Demolition	0	
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs	0	
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>		FFY of Grant: 2009	
PHA Name: BROOKHAVEN		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: MS26P060501-09			
Replacement Housing Factor Grant No: Date of CFFP: N/A			
Type of Grant		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01 ) <input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	551,805	55,181
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date 7/8/2010		Date	

<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		Federal FFY of Grant: 2009						
PHA Name: BROOKHAVEN		Grant Type and Number Capital Fund Program Grant No: MS26P060501-09 CFFP (Yes/No): NO Replacement Housing Factor Grant No:						
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	MANAGEMENT FEES	1410		44,953	55,181	55,181	55,181	
PHA WIDE	COMPUTER SYSTEM	1475		0	25,000			
AMP 1	SECURITY	1408		2,000	110,361			
CARVER HEIGHTS	A/E FEES, ENVIRONMENTAL FEES	1430		65,000	8,667			
	DEMOLITION	1485	0	428,352	0			
	RELOCATION	1495.1	0	11,500	0			
AMP 2	A/E FEES	1430		0	21,000			
CLOVERDALE	ASBESTOS TESTING	1430		0	8,667			
ACRES	MAINTENANCE BUILDING RENO	1470		0	34,263			
AMP 3								
EASTVIEW/LINCOLN	A/E FEES	1430		0	21,000			
LINCOLN VILLAGE	ASBESTOS TESTING	1430		0	8,666			
"	THERMAL PANE WINDOWS	1460		0	80,000			
"	SECURITY SCREENS	1460		0	30,000			
"	SECURITY LIGHTING	1460		0	15,000			

<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 I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Grant Type and Number Capital Fund Program Grant No. MS26S060501 CPRG Replacement Housing Factor Grant No. Date of CFFP: 2009	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
		Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements	139,807.76	139,807.76
4	1410 Administration (may not exceed 10% of line 21)	70,387.00	70,387.00
5	1411 Audit		0
6	1415 Liquidated Damages		
7	1430 Fees and Costs	68,500.00	68,500
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	48,542.24	48,542.24
11	1465.1 Dwelling Equipment—Nonexpendable	9,414	9,414.00
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition	703,879.00	367,228.00
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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Grant Type and Number Capital Fund Program Grant No: MS26060501-09 CFRG Replacement Housing Factor Grant No: Date of CFFP: 2009	
Type of Grant			
<input type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010		<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)	703,879.00	703,879.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs	139,807.76	139,807.76
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <b>D.M. Profit</b>		Signature of Public Housing Director	
Date <b>7/18/10</b>		Date	

<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: Housing Authority of the City of Brookhaven, Mississippi			Federal FFY of Grant: 2009						
Grant Type and Number Capital Fund Program Grant No: MS26S060501 CFRG CFFP (Yes/ No): YES Replacement Housing Factor Grant No:			Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Original			Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
COCC	Management Fees	1410			70,387	70,387			
AMP #1	Management Improvements - Security Fees & costs	1408	134		28,000	28,000	9,228		
	Dwelling structures - fire extinguishers,	1430	134		68,500	68,500	51,650		
	Dwelling structures - smoke alarms	1460	134		8,040	8,040	8,040		
	Demolition	1460	134		11,730.36	11,730.36	11,730.36		
	Dwelling Equip - Refrigerators	1485	100		367,228	367,228	309,496.73		
	Dwelling Equip - Refrigerators	1465	2		1,046	1,046			
AMP #2	Management improvement - Security	1408	116		63,807.76	63,807.76	21,223.57		
	Dwelling structures - fire extinguishers	1460	116		6,960	6,960	6,960		
	Dwelling structures - smoke alarms	1460	116		10,154.64	10,154.64	10,154.64		
	Dwelling Equip - Refrigerators	1465	8		4,184	4,184			
AMP #3	Management improvement - Security	1408	79		48,000	48,000	15,687		
	Dwelling structures - fire extinguishers	1460	79		4,740	4,740	4,740		
	Dwelling structures - smoke alarms	1460	79		6,917.24	6,917.24	6,917.24		
	Dwelling Equip - Refrigerators	1465	8		4,184	4,184			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.







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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Capital Fund Program Grant No: MS26P060501-08		FFY of Grant Approval: 2008	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
<input type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Revised <sup>2</sup>			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	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>	110,000		110,000	110,000
3	1408 Management Improvements	110,000		110,000	77,712
4	1410 Administration (may not exceed 10% of line 21)	55,600		55,600	55,600
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,474		6,474	6,474
10	1460 Dwelling Structures	274,000		274,000	274,000
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>		FFY of Grant: 2008	
PHA Name: Brookhaven Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: MS26P060601-08 Replacement Housing Factor Grant No: Date of CFFP:			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 01 ) <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>
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)	556,074	523,786
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	110,000	110,000
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Signature of Public Housing Director	
Date 07/08/2010		Date	

<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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 Expires 4/30/2011

Part II: Supporting Pages		Federal FFY of Grant: 2008					
PHA Name: Brookhaven Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26P060501-08 CFFP (Yes/No): Replacement Housing Factor Grant No:					
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	Management Fees	1410		55,600	55,600	55,600	55,600
AMP #1	Operations	1406	134	44,756	44,756	44,756	44,756
Carve Heights Oakview	Security	1408	134	44,756	44,756	44,756	31,651
AMP#2	Operations	1406	116	38,744	38,744	38,744	38,744
Cloverdale	Security	1408	116	38,744	38,744	38,744	27,399
Oakview	Smoke Alarms, Clovedale	1460	86	7,962	7,962	7,962	7,962
Brookwood	Smoke Alarms, Brookwood	1460	30	2,779	2,779	2,779	2,779
	Exterior Doors, Locks, Screen Doors	1460	30	22,994	22,994	22,994	22,994
AMP#3	Operations	1406	79	26,500	26,500	26,500	26,500
Eastview	Security	1408	79	26,500	26,500	26,500	18,662
Lincoln	Site Improvements, Sod Erosion, Eastview	1450	39	3,237	3,237	3,237	3,237
	Site Improvement, Sod Erosion, Lincoln	1450	40	3,237	3,237	3,237	3,237
	Exterior Doors, Locks, Screen Doors	1460	39	70,590	70,590	70,590	70,590
	Exterior Doors, Locks, Screen Doors	1460	40	72,510	72,510	72,510	72,510
	Flooring, Eastview	1460	39	48,582	48,582	48,582	48,582

<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.







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

Part I: Summary		Grant Type and Number		FFY of Grant: 2007	
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Capital Fund Program Grant No: MS26F060501-07		FFY of Grant Approval: 2007	
Replacement Housing Factor Grant No:		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:02 )	
<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 06/30/2010		<input type="checkbox"/>		<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>	Expended
		Original	Revised <sup>2</sup>		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	105,280	105,280	105,280	105,280
3	1408 Management Improvements	105,280	102,538	102,538	102,538
4	1410 Administration (may not exceed 10% of line 21)	53,900	53,900	53,900	53,900
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	38,500	38,500	38,500	38,500
8	1440 Site Acquisition				
9	1450 Site Improvement	42,641	74,280	74,280	74,280
10	1460 Dwelling Structures	190,900	162,003	162,003	162,003
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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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: 2007 FFY of Grant Approval: 2007			
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Grant Type and Number Capital Fund Program Grant No: MS26F060501-07 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		<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
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)				
21	Amount of line 20 Related to LBP Activities	536,501	536,501	536,501	536,501
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	105,280	102,538	102,538	102,538
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Signature of Public Housing Director		Date 07/08/2010	

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

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 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		Grant Type and Number		Federal FFY of Grant: 2007											
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Capital Fund Program Grant No: MS26P060501-07		CFPP (Yes/No):											
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		Management Fees		1410				53,900	53,900	53,900	53,900	53,900	53,900		
AMP#1		Operations		1406		134		42,880	42,880	42,880	42,880	42,880	42,880		
Carve Heights		Security		1408				42,880	40,138	40,138	40,138	40,138	40,138		
Oakview		A/E Fees		1430				15,678	15,678	15,678	15,678	15,678	15,678		
		Site Improvements, Erosion Control		1450		134		22,100	23,858	23,858	23,858	23,858	23,858		
		Landscaping, Sidewalk Repairs													
		Smoke Alarms		1460		134		13,400	39,055	39,055	39,055	39,055	39,055		
AMP #2		Operations		1406				37,120	37,120	37,120	37,120	37,120	37,120		
Cloverdale		Security		1408		116		37,120	37,120	37,120	37,120	37,120	37,120		
Brookwood		A/E Fees		1430				13,572	13,572	13,572	13,572	13,572	13,572		
		Site Improvements, Erosion control		1450		86		12,541	15,379	15,379	15,379	15,379	15,379		
		Landscaping													
		Smoke Alarms		1460		30		3,000							
		Medicine Cabinets		1460		86		8,600	16,769	16,769	16,769	16,769	16,769		
		Refurbish Windows		1460		86		17,500	28,778	28,778	28,778	28,778	28,778		
		Laundry Room Vents		1460		2		500	5,258	5,258	5,258	5,258	5,258		
		Showers Rods		1460		30		2,000	12,318	12,318	12,318	12,318	12,318		

<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.







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U.S. Department of Housing and Urban Development  
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Part I: Summary		FFY of Grant: 2006 FFY of Grant Approval: 2006	
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Grant Type and Number Capital Fund Program Grant No: MS26P060501-06 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:4 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Obligated
			Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	104,500	104,500
3	1408 Management Improvements	107,595	107,595
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	61,207	61,207
10	1460 Dwelling Structures	185,995	185,995
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures	8,080	10,832
13	1475 Non-dwelling Equipment	71,962	69,210
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2006 FFY of Grant Approval: 2006	
<b>PHA Name:</b> Brookhaven Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P060501-06 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
		<b>Revised<sup>2</sup></b>	<b>Expended</b>
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)	539,339	539,339
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	107,595	107,595
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date 7/8/2010</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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Part II: Supporting Pages		Federal FFY of Grant: 2006						
PHA Name: Housing Authority of the City of Brookhaven, Mississippi		Grant Type and Number Capital Fund Program Grant No: MS26P060501-06 CFFP (Yes/No): Replacement Housing Factor Grant No:						
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>	
PHA WIDE	Operations	1406		104,500	104,500	104,500	104,500	
	Security	1408		107,595	107,595	107,595	107,595	
	Renovations to central office	1470		8,080	10,832	10,832	10,832	
	Administrative vehicle	1475	1	21,050	21,050	21,050	21,050	
	Maintenance trucks	1475	2	47,217	43,231	43,231	43,231	
	Mower	1475	1	3,695	4,929	4,929	4,929	
60-1, Carver Hts.	Fire extinguishers, smoke alarms	1460	100	4,349	4,349	4,349	4,349	
60-2, Oakview	Fire extinguishers, smoke alarms	1460	34	1,222	1,222	1,222	1,222	
	Replace medicine cabinets	1460	34	5,936	5,936	5,936	5,936	
60-5 Cloverdale	Sidewalk repair/landscaping	1450	86	32,638	32,638	32,638	32,638	
	Fire extinguishers/smoke alarms	1460	86	36,400	24,400	24,400	24,400	
60-5 Brookwood	Exterior doors, screen doors, hardware	1460	30	22,994	24,650	24,650	24,650	
	Fire extinguishers/smoke alarms	1460	30	1,126	1,126	1,126	1,126	
	Bathroom faucets	1460	30	17,566	9,566	9,566	9,566	

<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.







**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>Brookhaven Housing Authority</b>		Locality (City/County & State) <b>Brookhaven, Lincoln, MS</b>			<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	135,000	208,784	196,001	87,000
C.	Management Improvements		108,000	108,000	108,000	108,000
D.	PHA-Wide Non-dwelling Structures and Equipment		12,000	30,802	14,000	15,000
E.	Administration		55,181	55,181	55,181	55,181
F.	Other		31,638	19,572	15,260	60,000
G.	Operations		20,773	43,733	32,794	100,000
H.	Demolition		0	0	0	0
I.	Development		121,930	18,450	18,000	23,184
J.	Capital Fund Financing – Debt Service		67,283	67,283	112,569	103,440
K.	Total CFP Funds		551,805	551,805	551,805	551,805
L.	Total Non-CFP Funds					
M.	Grand Total		551,805	551,805	551,805	551,805

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number <b>Brookhaven MS26P060</b>		Locality: <b>Newton, Newton, 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		55,181	55,181	55,181	55,181
	AMP 1 MS 060-001P		496,624	0	0	128,155
	AMP 2 MS 060-002P		0	496,624	0	154,636
	AMP 3 MS 060-003P		0	0	496,624	213,833







