

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

WINONA 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" MS082A01

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

Attachment "B" MS082B01

Violence Against Women Act

Attachment "C" MS082C01

Resident Advisory Board and Comments

Attachment "D" MS082D01

Capital Fund Program Original Annual Statement FY2010

Attachment "E" MS082E01

Replacement Housing Factor Annual Statement FY 2010

Attachment "F" MS082F01

P&E Statements for CFP FY 2009

Attachment "G" MS082G01

P&E Statements for RHF FY 2009

Attachment "H" MS082H01

P&E Statements for Stimulus FY 2009

Attachment "I" MS082I01

P&E Statements for CFP FY 2008

Attachment "J" MS082J01

P&E Statements for RHF FY 2008

Attachment "K" MS082K01

P&E Statements for CFP FY 2007

Attachment "L" MS082L01

P&E Statements for RHF FY 2007

Attachment "M" MS082M01

CFP Five Year Action Plan

MS082V01

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>Winona Housing Authority</u> PHA Code: <u>MS26P082</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>07/2010</u>														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>160</u> Number of HCV units: _____														
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	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV	PHA 1:		PHA 2:		PHA 3:	
No. of Units in Each Program															
PH	HCV														
PHA 1:															
PHA 2:															
PHA 3:															
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.														
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: 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: **The PHA goal is to reduce these vacancies per year under HUD guidelines.**
 - 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 87.0 and MASS score 28)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units: **The PHA will continue its ongoing efforts to improve the livability, security, energy efficiency, and preserve the physical integrity of the structures. By implementing these improvements, the PHA has established the goal of having the units totally compatible with the private market rentals in the area by the end of year 2014. The Housing Authority plan to pursue bond type financing.**
 - 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: **With the use of ceiling/flat rents and the adopted deconcentration policy, the PHA has an ongoing goal of increasing the income level of the residency.**
 - 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: **Continue efforts to provide proper security as a preventative deterrent to drugs and criminal activity.**
 - 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: **By making job referrals and utilizing ceiling/flat rents, the PHA has a goal of increasing the number of working residents.**
 - Provide or attract supportive services to improve assistance recipients' employability: **The Housing will continue to provide programs which enhance the opportunity of employment for residents.**
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - 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 that are reinforced in the Admission 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: **Currently the PHA has apartments which have been modified for the handicapped in accordance with Statutory 504 Requirements.**
 - Other: (list below)

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 Wednesday, March 17, 2010 at 11:00 A. M. There were no comments or challenged elements 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. Winona Housing Authority 200 Briscoe Street Winona, MS 38967</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.

We continue to improved public housing management and improve advisory score to a high performer level. The PHA is meeting the requirements of this goal.

The PHA had a goal to increase accessible units over and above 504 requirements if there is a need. Currently, we are satisfying this need.

We will continue to inspect all housing units making repairs as needed. The PHA is meeting the requirements of this goal.

Our goal to increase resident employment has been changed due to the number of industry closings. However, we are working with residents to get them training in areas that will provide employment for jobs available in the Winona surrounding area.

The PHA goal to renovate or modernize public housing units with Capital Fund program funds is being achieved and is on schedule. We have prioritized our needs for CFP funding. It is projected that our modernization program to completely renovate all units will be by FY 2013. The PHA is meeting the requirements of this goal.

The PHA will continue its effort to improve security by providing drug prevention programs and security. The PHA is meeting the requirements of this goal.

The PHA will continue its goal to ensure equal access to assisted housing.

The Housing Authority will continue to adopt new policies and procedures to comply with current regulations. The PHA is meeting the requirements of this goal.

The PHA will continue to partnership with community agencies to provide residents drug prevention, educational and recreational programs. The PHA is meeting the requirements of this goal.

The PHA will continue to counseled with residents on homeownership and pledged our support if they choose to pursue homeownership. The PHA is meeting the requirements of this goal.

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

Criteria for Substantial Deviations and Significant Amendments

(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 uirement 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”
WINONA HOUSING AUTHORITY**

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

GOAL:

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

OBJECTIVE:

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

POLICY:

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

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

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

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

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

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

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

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

DEFINITIONS:

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitated with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under domestic or family violence laws, or by any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws.

Dating violence: Violence committed by a person:

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim:
and

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

Stalking: To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (I) that person; (II) a member of the immediate family of that person; or (III) the spouse or intimate partner of that person.

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

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

Date: _____

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

TO BE COMPLETED BY RESIDENT:

Name of the victim of domestic violence, dating violence or stalking: _____

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

Name of the perpetrator of the violence (if known): _____

If name of perpetrator is not known, explain why: _____

Relation to victim: _____

Certification of the violence. (Please check one):

Attached a copy of a police report, temporary or permanent restraining order or, other, police report or court record relating to the violence; OR

Had the section below completed by a professional who helped me address the violence.

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

Signature _____ Date _____

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

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

Name of individual completing this section _____

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

Title _____ Agency/ business name _____

Phone Contact Information

Address _____

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

Signature _____ Date _____

NOTIFICATION OF RIGHTS UNDER VIOLENCE AGAINST WOMEN ACT (VAWA)

DATE: _____

TO: _____

FROM: Winona Housing Authority, P. O. Box 127, Winona, MS 38967

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

Protections Against Eviction

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

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

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

Certification

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

You may certify either by:

(a) Completing and delivering a HUD-approved certification form which will be supplied to you by the housing authority; or

(b) Providing the housing agency with documentation signed by an employee, agent, or volunteer of a service provider, an attorney, or a medical professional from whom the (you or another member of your immediate family) has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse.

(This certification must be sworn under penalty of perjury); or

© Producing a Federal, State, tribal, territorial, or local police record.

Confidentially

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

Limitations

1. Prevents the housing agency from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provide protections as described above. However, the housing agency may not in such cases apply any stricter standard to you than to other tenants.

2. Prevents the housing agency from terminating tenancy and evicting where the housing authority can demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.” Where such a threat can be demonstrated by the housing agency, you will not be protected from eviction by VAWA.

3. Limits the ability of the housing agency to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.

4. Supersedes any Federal, State or local law that provides greater protection than VAWA.

Housing Agency Right to Remove Perpetrator of Domestic Violence

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

Further Information

You may obtain a copy of the housing authority's written policy concerning domestic violence, dating violence, and stalking, from the Housing Authority Central Office.

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

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.)

Ms. Darlene Ford 1106-B North Union Winona, MS 38967

Ms. Ann Newman 203-B Briscoe Street Winona, MS 38967

Ms. Gwendolyn Seals 1001-A North Union Winona, MS 38967

Ms. Sheila Forrest 704-A Powell Street Winona, MS 38967

Ms. Eva Campbell 207- Emerson Street Winona, MS 38967

Mr. Simmie Lane 1213-A North Union Winona, MS 38967

SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:

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

CHALLENGED ELEMENTS: NONE

Resident Advisory Board Recommendations

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

If yes, provide the comments below:

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

Considered comments, but determined that no changes to the PHA Plan were necessary. N/A

The PHA changed portions of the PHA Plan in response to comments
List changes below:

Other: (list below)

The PHA held its Public Hearing and Resident Advisory Board meeting on Wednesday, March 17, 2010 at 11:00 A. M.

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

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

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

Part I: Summary		PHA Name: WINONA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P082501-10 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant: 2010 FFY of Grant Approval:	
------------------------	--	---	--	--	--	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) Final Performance and Evaluation Report <input type="checkbox"/>	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended							
								1408 Management Improvements	1410 Administration (may not exceed 10% of line 21)	1411 Audit	1415 Liquidated Damages	1430 Fees and Costs	1440 Site Acquisition	1450 Site Improvement
1	Total non-CFP Funds													
2	1406 Operations (may not exceed 20% of line 21) ³			50,000										
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			45,000										
8	1440 Site Acquisition													
9	1450 Site Improvement													
10	1460 Dwelling Structures			194,387										
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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 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: 2010	
PHA Name: WINONA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P082501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

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

Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
		Original	Revised ²		
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)	289,387			
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 ³ <i>Maggie W. Barnett</i>		Date <i>03/17/10</i>	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.

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: WINONA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R082501-10 Date of CFFP:
FFY of Grant: 2010 FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	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					
11	1465.1 Dwelling Equipment—Nonependable					
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		18,087			

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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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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Part I: Summary		FFY of Grant: 2010	
PHA Name: WINONA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R082501-10 Date of CFP:	FFY of Grant Approval:	

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

Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	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)		18,087				
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director <i>M. Sweet</i>		Date <i>03/17/10</i>	Signature of Public Housing Director		Date		

¹ To be completed for the Performance and Evaluation Report.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		PHA Name: WINONA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P082501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
					Revised ²		Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³			97,770		97,770	0
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			30,000			
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			141,617			
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures			20,000			
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.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Part I: Summary		FFY of Grant: 2009	
PHA Name: WINONA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P082501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

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)	289,387		97,770	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>Maqayle W. Stewart</i>		<i>3/17/10</i>			

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		PHA Name: WINONA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R082501-09 Date of CFPP:		FFY of Grant: 2009 FFY of Grant Approval:	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	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						
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			18,087			

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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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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Part I: Summary		FFY of Grant: 2009	
PHA Name: WINONA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R082501-09 Date of CFP:	FFY of Grant Approval:	

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)	18,087		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>M. Maguire</i>		<i>03/17/10</i>			

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		PHA Name: Winona Housing Authority		Grant Type and Number Capital Fund Program Grant No: MS26S082501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
------------------------	--	---	--	--	--	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
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		30,000		
9	1450 Site Improvement				
10	1460 Dwelling Structures		349,371		
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				
				Obligated	Expended
				146,700	146,700

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

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part I: Summary		FFY of Grant: 2009	
PHA Name: Winona	Grant Type and Number Capital Fund Program Grant No: MS26S082501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	

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

Performance and Evaluation Report for Period Ending: 12/31/09

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)	379,371		146,700	146,700
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 *Maggie W. Bennett* Date *3/17/10*

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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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009				
PHA Name: Winona		Capital Fund Program Grant No: MS26S082501-09						
		CEFP (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		
HA Wide	A/E Fees	1430		Original 30,000	Revised ¹	Funds Obligated ²	Funds Expended ²	
MS 82-001, Briscoe	HVAC Ceiling Repairs	1460 1460	32 32	114,700 32,000		114,700 32,000	114,700 32,000	
MS 82-002, McNutt	Tankless Water Heaters, Water Saving Toilets, Shower Heads	1460	16	36,300				
MS 82-004, Rose Ct.	Tankless Water Heaters, Water Saving Toilets, Shower Heads	1460	100	166,371				
	GRAND TOTAL			379,371		146,700	146,700	

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² 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		PHA Name: WINONA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26FP082501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval:	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFFP Funds		10,000	0	0
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		34,500	15,000	15,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		237,670	267,170	267,170
11	1465.1 Dwelling Equipment—Nonependable				
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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Part I: Summary		FFY of Grant: 2008	
PHA Name: WINONA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No. MS26P082501-08 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____

Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	282,170	282,170	282,170	282,170
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>M. Magge</i>		Date 3/17/10		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.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary
 PHA Name: WINONA HOUSING AUTHORITY
 Grant Type and Number: Capital Fund Program Grant No: MS26R082501-08
 Replacement Housing Factor Grant No: MS26R082501-08
 Date of CFFP:

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		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					
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		17,538	0	0	0

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Part I: Summary		PHA Name: WINONA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R082501-08 Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2009		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		<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)	17,538			0		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director <i>Maggie W. Ernst</i>		Date 3/17/10		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.
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Part I: Summary

PHA Name: WINONA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26F082501-07 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2007 FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		10,000	0	0
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		62,700	49,989.61	49,989.61
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		167,508	190,218.39	190,218.39
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				

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: WINONA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P082501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:	
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 type="checkbox"/> Revised Annual Statement (revision no:)		<input checked="" 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)	240,208	240,208	240,208	240,208		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director <i>M. Maguire</i>		Date 3/17/10		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 CFFP 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: WINONA HOUSING AUTHORITY		Grant Type and Number		FFY of Grant: 2007	
				Capital Fund Program Grant No:		FFY of Grant Approval:	
				Replacement Housing Factor Grant No: MS26R082501-07		Date of CFFP:	

Line	Type of Grant	Original	Revised Annual Statement (revision no:)		Total Actual Cost ¹
			Total Estimated Cost	Final Performance and Evaluation Report	
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				
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	14,938		14,938	0

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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: WINONA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: MS26R082501-07 Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:	
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Line	Type of Grant	Performance and Evaluation Report for Period Ending: 12-31-2009	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)		14,938			0
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director:		Date:		Signature of Public Housing Director:		Date:
<i>Madeline W. Bennett</i>		<i>3/17/10</i>				

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.

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		Winona/MS26P082	Locality (Winona/USA & 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	155,170	222,887	149,670	225,387	
C.	Management Improvements		4,000	4,000	4,000	4,000	
D.	PHA-Wide Non-dwelling Structures and Equipment		20,000	10,000	75,000		
E.	Administration		6,000	6,000	45,000	50,000	
F.	Other		41,500	46,500	15,717	10,000	
G.	Operations		62,717				
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds		289,387	289,387	289,387	289,387	
L.	Total Non-CFP Funds						
M.	Grand Total		289,387	289,387	289,387	289,387	

Part I: Summary (Continuation)						
PHA Name/Number Winona Housing Authority		Locality: Winona, MS			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
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
	MS26P082 Winona HA					
	HA Wide	Annual Statement	134,217	264,387	159,717	69,000
	MS 082-001		155,170			
	Briscoe Acres					
	MS 082-002			25,000		
	McNutt Hills					
	MS 082-004				129,670	220,387
	Rose Court					

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year Two FFY 2011			Work Statement for Year: Three FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	MS82-001/Briscoe Acres			MS82-002/McNutt Hills		
Annual	Site Improvements:		155,170	Site Improvements		25,000
Statement	Remove/Trim Trees; Add/ Repair Sidewalks; Correct Severe Erosion & Drainage Conditions			Remove/Trim Trees; Add/ Repair Sidewalks; Correct Severe Erosion & Drainage Conditions		
	HA WIDE			HA WIDE		
	Inspections		1,500	Inspections		1,500
	Administration		6,000	Administration		6,000
	A/E Services		20,000	A/E Services		25,000
	Modernization Coordinator		20,000	Modernization Coordinator		20,000
	Operations		62,717	Interior/Exterior Renovations:		97,887
	Office Equipment		20,000	Bathrooms, Kitchens, Doors, Electrical, Plumbing, Paint, Flooring, Hardware, Roofing, Siding, Windows		
				Sewage System Replacement		100,000
				Maintenance Equipment		10,000
	Subtotal of Estimated Cost		\$285,387	Subtotal of Estimated Cost		\$285,387

