

5.2	<p>Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>INCREASE THE AVAILABILITY OF DECENT, SAFE, AND AFFORDABLE HOUSING</p> <p>1. GHA GOAL: Expand the supply of assisted housing:</p> <ul style="list-style-type: none"> -Acquire or assist in the acquisition of Delta Apartments, a 100 unit Project-based assisted multi-family housing development located in the Greenwood area; -Identify and utilize GHA-owned parcels for assisted housing development efforts; -Identify and utilize GHA-owned property no longer needed for management/maintenance purposes for housing development effort; and, -Convert large bedroom units to smaller units to meet the bedroom size needs of the area served. <p>2. GHA GOAL: Improve the quality of assisted housing:</p> <ul style="list-style-type: none"> - Implement energy efficiency measures via an Energy Performance Contracting Program with Siemens Building Technologies. -Secure and maintain High Performing Status via scores on PHAS and SEMAP; and, -Maintain dynamic renovation and modernization schedule of all public housing units. <p>3. GHA GOAL: Increase assisted housing choices:</p> <ul style="list-style-type: none"> -Coordinate Homeownership Training for income-eligible families via identification/presentation of training opportunities; -Continue outreach training for potential voucher landlords; and, -Continue effort to implement the use of the Voucher Homeownership Program. <p>IMPROVE COMMUNITY QUALITY OF LIFE AND ECONOMIC VITALITY</p> <p>1. GHA GOAL: Implement Public Housing Security Improvements:</p> <ul style="list-style-type: none"> -Continue the effort to reach full compliance of residents in Neighborhood Watch as the primary public housing security measure. <p>PROMOTE SELF-SUFFICIENCY AND ASSET DEVELOPMENT OF FAMILIES AND INDIVIDUALS</p> <p>1. GHA GOAL: Promote self-sufficiency and asset development of families of assisted households:</p> <ul style="list-style-type: none"> -Fully utilize Section 3 provisions on all Capital Fund Projects; and, -Communicate relevant opportunities to residents via GHA Monthly Newsletter. <p>ENSURE EQUAL OPPORTUNITY IN HOUSING FOR ALL AMERICANS</p> <p>1. GHA GOAL: Ensure equal opportunity and affirmatively further fair housing</p> <ul style="list-style-type: none"> -Continue to comply with the required regulations.
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:</p> <ul style="list-style-type: none"> -Reorganization of Asset Management Projects; reduction from four (4) to two (2) with an effective date of 04/01/2010. <p>Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.</p> <ul style="list-style-type: none"> -See Attachment ms107n01 <p>Financial Resources</p> <ul style="list-style-type: none"> -See Attachment ms107o01 <p>Fiscal Year Audit</p> <ul style="list-style-type: none"> -See Attachment ms107p01 <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.</p> <ul style="list-style-type: none"> -Administrative Office at 111 East Washington Street -AMP sites
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> <p>“Not Applicable”</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> <p>MS26-P107-501-07 Performance and Evaluation Report - See Attachment ms107iv01 MS26-P107-501-08 Performance and Evaluation Report - See Attachment ms107jv01 MS26-P107-501-09 Performance and Evaluation Report - See Attachment ms107kv01 MS26-S107-501-09 Performance and Evaluation Report - See Attachment ms107lv01</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. See Attachment ms107hv01</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><u>“Not Applicable”</u></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> <p>See Attachment ms107m01</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> <ul style="list-style-type: none"> -Use effective maintenance and management policies to minimize the number of public housing units off-line; - Complete the Turn Around Process for vacated public housing units in an expedient manner; -Complete public housing renovation projects in an expedient manner; -Market the Section 8 Housing Choice Voucher Program to Prospective Owners throughout Leflore County; and, -Annually review and ensure the establishment of Payment Standards that enables families to rent throughout Leflore County.

	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p>GHA achieved a High Performer in its Public Housing Program (although not recognized by HUD due to the non-consideration of MASS scores achieved last Fiscal Year; GHA achieved a High Performer Level in its Section 8 Housing Choice Voucher Program (SEMAP); GHA provided Homeownership Training to Section 8 Housing Choice Voucher Program participants; GHA conducted Outreach Program for Prospective Owners in its Section 8 Housing Choice Voucher Program; GHA improved security via lighting enhancement and Neighborhood Watch; GHA explored the opportunity to purchase and renovate a 100 unit Project Based Assisted Development; and, GHA utilized Capital Fund resources to renovate/modernize Public Housing units in an effective and efficient manner.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>10.0 A. Substantial Deviation from the 5-year Plan:</p> <p>The GHA recognizes the need for public notification of items contained within the 5-Year and Annual Plans. The GHA 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 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 objectives, 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.</p> <p>B. Significant Amendment or Modification to the Annual Plan:</p> <p>A Significant Amendment or Modification to the Annual Plan shall be constructed to mean the following:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list; • Changes to a development account number on the Capital Fund Program in excess of 15% of the total grant amount; • 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 Capital Fund; and, • Any changes with regard to new demolition or disposition, new designation, new homeownership programs or new conversion activities. <p>These issues, if required, shall be raised with proper public notification. The GHA 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 by HUD.</p>
<p>11.0</p>	<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> <p>(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) See Attachment ms107av01</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) See Attachment ms107bv01</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) See Attachment ms107cv01</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) See Attachment ms107dv01</p> <p>(e) Form HUD-50077-SL, <i>Certification by State of PHA Plans Consistency with the Consolidated Plan</i> See Attachment ms107ev01</p> <p>(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. See Attachment ms107fv01</p> <p>(g) Challenged Elements – There were no Challenged Elements to the Agency Plan.</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) See Attachment ms107gv01</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) See Attachment ms107hv01</p>

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 04/01/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

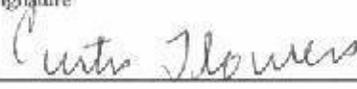
Housing Authority of the City of Greenwood, MS
PHA Name

MS107
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 20__ - 20__

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Curtis Flowers	Title Chairman, Board of Commissioners
Signature 	Date January 5, 2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name:

The Housing Authority of the City of Greenwood, MS

Program/Activity Receiving Federal Grant Funding:

2010 Agency Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

AMP I and AMP II

(Brazil Homes, Crestview Homes, Hayes Homes, Henry Homes, Threadgill Homes, Rising Sun I, Rising Sun II and Arance Williamson Homes)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Gregory L Flippins

Title

Executive Director

Signature

Date

X

January 5, 2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

The Housing Authority of the City of Greenwood, MS

Program/Activity Receiving Federal Grant Funding

2010 Agency Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Gregory L Flippins

Title

Executive Director

Signature



Date (mm/dd/yyyy)

01/05/2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

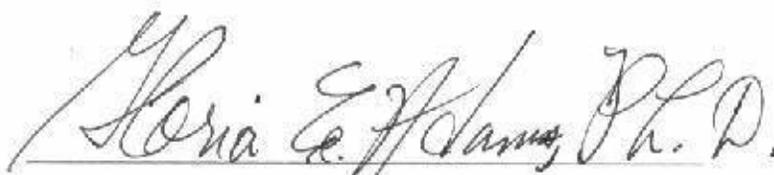
1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: "NOT APPLICABLE"	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Gregory L. Flippins</u> Title: <u>Executive Director</u> Telephone No.: <u>662-453-4822</u> Date: <u>01/05/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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

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

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

I, Gloria E. Adams, Ph.D. the Bureau Manager certify that the Five Year and
Annual PHA Plan of the Housing Authority of the City of Greenwood, MS is consistent with the Consolidated Plan of
State of Mississippi prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official 1-15-10

Modernization/Renovation Issues discussed with Residents and Resident Advisory Board with responses regarding how each would be addressed by the Greenwood Housing Authority via the Annual and Five-Year Plan:

- A/C units and Appliances are budgeted in the Five-year Plan and being considered via an Energy Procurement Contract with Siemens Industries, Inc.;
- Electrical systems (Breaker Boxes) will be replaced in 2010 (Henry & Brazil);
- Bath tubs will be replaced in 2010 (as needed);
- Painting will be start in the (Henry Homes);
- Back splashes usually accompany new ranges (if site needed);
- Playground equipment is budgeted in the Five-year plan;
- Roofing is in the 501-09 Capital Fund Program (Crestview);
- Storage room doors are budgeted Five-year plan;
- Siding will be replaced 2010 (Hayes);
- Eaves, gable vents, fascia and gutters will be replaced 2010 (Williamson); and,
- New Siding at Crestview Homes was considered but determined as being not essential to include as a work item on the 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		FFY of Grant: 2010	
PHA Name: Housing Authority of the City of Greenwood, MS		FFY of Grant Approval: 2010	
Grant Type and Number		Date of CTFP:	
Capital Fund Program Grant No:		Replacement Housing Factor Grant No:	

Line	Type of Grant	Original	Total Estimated Cost		Obligated	Total Actual Cost	
			Revised ²	Final Performance and Evaluation Report		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)	80,006					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	60,180					
8	1440 Site Acquisition						
9	1450 Site Improvement	160,800					
10	1460 Dwelling Structures	441,000					
11	1465 1 Dwelling Equipment—Nonexpandable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495 1 Relocation Costs						
17	1499 Development Activities ⁴						

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

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

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

Part I: Summary		FFY of Grant: 2010	
PHA Name: Housing Authority of the City of Greenwood, MS	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	58,076			
20	Amount of Annual Grant: (sum of lines 2 - 19)	800,062			
21	Amount of line 20 Related to IHP 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	
		01/05/2010			

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP 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: Housing Authority of the City of Greenwood, MS (MS107)		Locality (Greenwood, Leflore County, MS)			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A. Development Number and Name	Work Statement for Year 1 FFY _____	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	Revised Statement 570,500	92,356	579,925	595,666	567,010	
C. Management Improvements		92,356	82,131	64,790	96,346	
D. PHA-Wide Non-dwelling Structures and Equipment						
E. Administration		80,006	80,006	80,006	80,006	
F. Other		57,100	58,000	59,600	56,700	
G. Operations						
H. Demolition						
I. Development						
J. Capital Fund Financing-Debt Service						
K. Total CFP Funds		800,062	800,062	800,062	800,062	
L. Total Non-CFP Funds						
M. Grand Total		800,062	800,062	800,062	800,062	

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Housing and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

PHA Name/Number Housing Authority of the City of Greenwood, MS (MS107)	Locality (Greenwood, Leflore County, MS)	<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:							
		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		
			Annual Statement						
		MS107-000-100	260,100	287,125	281,442	71,360			
		MS107-000-200	310,400	292,800	314,224	495,650			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS (GHA)	Grant Type and Number Capital Fund Program Grant No: MSP26-P107-501-07 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report **09/2009**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	91,668.00	72,790.00	72,790.00	12,078.59
3	1408 Management Improvements	0.00	0.00		
4	1410 Administration	61,600.00	61,600.00	61,600.00	61,600.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	28,400.00	28,400.00	28,400.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	397,000.00	453,478.00	453,478.00	453,478.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	616,268.00	616,268.00	616,268.00	499,078.59
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS (GHA)		Grant Type and Number Capital Fund Program Grant No: MS26-P107-501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
001-Brazil	Roofing	1460	83	210,000.00	134,500.00	134,500.00	134,500.00	
	Painting	1460	82	123,000.00	193,100.00	193,100.00	193,100.00	
004-Henry	Water Heater	1460	90	90,000.00	69,400.00	69,400.00	69,400.00	
002-Rising Sun I	Foundation Restoration	1450	2	0.00	16,873.00	16,873.00		
003-Rising Sun II	Foundation Restoration	1450	2	0.00	12,655.00	12,655.00		
011-Threadgill	Water Heaters	1460	32	0.00	26,950.00	26,950.00		
013-Williamson	Water Heaters	1460	47	47,000.00	0.00			
GHA-WIDE								

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part III: Implementation Schedule

PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS (GHA)			Grant Type and Number Capital Fund Program No: MS26-P107-501-07 Replacement Housing Factor No:			Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
001-Brazil	09/2008			03/2010			
002-Rising Sun I	09/2008			03/2010			
003-Rising Sun II	09/2008			03/2010			
004-Henry	09/2008			03/2010			
005-Crestview	09/2008			03/2010			
008-Hayes	09/2008			03/2010			
011-Threadgill	09/2008			03/2010			
013-Williamson	09/2008			03/2010			
GHA-WIDE	09/2008			03/2010			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS (GHA)	Grant Type and Number Capital Fund Program Grant No: MSP26-P107-501-08 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report 09/2009

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0.00	81,600.00		
3	1408 Management Improvements				
4	1410 Administration	72,160.00	72,160.00	72,160.00	72,160.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	39,000.00	32,100.00	32,100.00	24,075.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	388,750.00	372,912.00	372,912.00	191,889.92
11	1465.1 Dwelling Equipment—Nonexpendable	204,000.00	162,834.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	17,696.00	0.00	0.00	
21	Amount of Annual Grant: (sum of lines 2 – 20)	721,606.00	721,606.00	477,172.00	288,124.92
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS (GHA)		Grant Type and Number Capital Fund Program Grant No: MS26-P107-501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
001-Brazil								
002-Rising Sun I	Foundation Restoration (0)	1460		34,000.00	0.00			
003-Rising Sun II	Foundation Restoration (0)	1460		34,000.00	0.00			
004-Henry								
005-Crestview	Cabinets	1460		123,750.00	170,149.00	170,149.00	134,758.01	
	Flooring	1460		165,000.00	202,763.00	202,763.00	57,131.91	
008-Hayes								
011-Threadgill	Water Heaters (0)	1460		32,000.00	0.00			
013-Williamson								

GHA-WIDE	Appliances (Refrigerators)	1475	408	204,000.00	162,834.00			
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS (GHA)			Grant Type and Number Capital Fund Program No: MS26-P107-501-08 Replacement Housing Factor No:			Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
001-Brazil	09/2009			03/2011			
002-Rising Sun I	09/2009			03/2011			
003-Rising Sun II	09/2009			03/2011			
004-Henry	09/2009			03/2011			
005-Crestview	09/2009			03/2011			
008-Hayes	09/2009			03/2011			
011-Threadgill	09/2009			03/2011			
013-Williamson	09/2009			03/2011			
GHA-WIDE	09/2009			03/2011			

Part I: Summary		
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS	Grant Type and Number Capital Fund Program Grant No: MS26-P107-501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:2)
 Performance and Evaluation Report for Period Ending: 09/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	72,160.00	80,062.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	56,546.00	56,546.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	148,422.00	148,422.00		
10	1460 Dwelling Structures	417,044.00	417,044.00		
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				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS		Grant Type and Number Capital Fund Program Grant No: MS26-P107-501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/2009 <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)	27,434.00	98,575.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	721,606.00	800,619.00			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date		Signature of Public Housing Director		
				Date		

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

Part II: Supporting Pages								
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS		Grant Type and Number Capital Fund Program Grant No: MS26-P107-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
MS107-000100								
AMP 1	Ceiling Replacement	1460	21	0.00	144,375.00			
	Breaker Boxes	1460	48	19,200.00	19,200.00			
	Painting	1460	6	7,398.00	7,398.00			
	Fascia, Gable, Vent	1460	2	0.00	6,241.00			
MS107-000200	Fence	1450	375'	0.00	21,750.00			
AMP 2								
MS107-000300								
AMP 3	Breaker Boxes	1460	130	52,000.00	52,000.00			
	Painting	1460	48	59,184.00	59,184.00			
	Fence	1450	624'	0.00	36,192.00			

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS107-000100 AMP 1	09/2010		03/2012		
MS107-000200 AMP 2	09/2010		03/2012		
MS107-000300 AMP 3	09/2010		03/2012		
MS107-000400 AMP 4	09/2010		03/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary		
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS	Grant Type and Number Capital Fund Program Grant No: ARRA MS26S10750109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	91,341.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	70,000.00		57,060.00	42,795.00
8	1440 Site Acquisition				
9	1450 Site Improvement	75,000.00		29,120.00	
10	1460 Dwelling Structures	666,100.00		558,880.00	
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				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MMS	Grant Type and Number Capital Fund Program Grant No: ARRA MS26S10750109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	10,969.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	913,410.00		645,060.00	42,795.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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

Part II: Supporting Pages								
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS		Grant Type and Number Capital Fund Program Grant No: ARRA MS26S10750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
M107-000100	PAINTING	1460	48	96,000.00		64,894.00		
	BREAKER	1460	42	16,800.00		21,720.00		
	BATHTUB RESTORATION	1460	48	36,000.00		27,334.00		
	FOUNDATION RESTORATION	1460	1	25,000.00		26,380.00		
	FENCE	1450	12	75,000.00		29,120.00		
	HARDY BOARD REPLACEMENT	1460	3	3,000.00		6,316.00		
MS107-000300	PAINTING	1460	48	96,000.00		62,035.00		
	BREAKER BOX REPLACEMENT	1460	82	32,800.00		32,300.00		
	BATHTUB RESTORATION	1460	130	97,500.00		74,030.00		
MS107-000400	PAINTING	1460	36	72,000.00		46,526.00		
	BATHTUB RESTORATION	1460	36	27,000.00		20,501.00		
	HARDY BOARD RESTORATION	1460	84	164,000.00		176,844.00		

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS107-000100	03/17/2010		03/17/2012		
MS107-000300	03/17/2010		03/17/2012		
MS107-000400	03/17/2010		03/17/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

GHA 2010 Agency Plan

Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	321	5	5	4	2	3	2
Income >30% but <=50% of AMI	140	3	5	4	2	3	2
Income >50% but <80% of AMI	24	2	4	3	1	1	1
Elderly	8	2	4	3	5	1	4
Families with Disabilities	68	5	5	3	3	1	2
Race/Ethnicity /Black	459	5	5	3	2	2	1
Race/Ethnicity /White	26	4	4	1	1	1	1
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year: 2005-2009
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: GHA Waiting List-2008

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	326		254
Extremely low income <=30% AMI	236	72.4	
Very low income (>30% but <=50% AMI)	74	22.7	
Low income (>50% but <80% AMI)	16	4.9	
Families with children	260	79.8	
Elderly families	2	0.6	
Families with Disabilities	45	13.8	
Black	310	95.1	
White	16	4.1	
Hispanic	0	0.0	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	66	20.3	12
2 BR	202	62.1	12
3 BR	54	16.6	40
4 BR	4	1.2	8

Housing Needs of Families on the Waiting List			
5 BR	0	0.0	3
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	159		118
Extremely low income <=30% AMI	85	53.5	
Very low income (>30% but <=50% AMI)	66	41.5	
Low income (>50% but <80% AMI)	8	5.0	
Families with children	140	88.1	
Elderly families	6	3.8	
Families with Disabilities	23	14.5	
Black	149	93.7	
White	10	6.3	
Race/ethnicity			

Housing Needs of Families on the Waiting List

Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	21	13.2	1
2 BR	68	42.8	25
3 BR	67	42.1	22
4 BR	0	0.0	1
5 BR	3	1.9	0
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 11 Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

**ELIGIBILITY, SELECTION AND ADMISSIONS POLICIES, INCLUDING
DECONCENTRATION AND WAIT LIST PROCEDURES:**

PAYMENT STANDARDS SET AT 93% OF FAIR MARKET RENTS

BEDROOM SIZES				
0	1	2	3	4
324	379	498	662	778

FLAT RENT SCHEDULE REVISED AS SHOWN BELOW:

	0BR	1BR(SNG)	1BR(DUP)	2BR(SNG)	2BR(ROW)	3BR(SNG)	3BR(DUP)	3BR(ROW)	4BR(SNG)	4BR(DUP)	5BR(SNG)
Monthly Comp Rent	0	0	260	0	469	570	466	462	656	536	754

ADMINISTRATIVE PLAN REVISION:

4.III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and place restriction on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The GHA will provide a local preference for admission to the Housing Choice Voucher program for families displaced by Hurricane Katrina or Rita. Eligible families who have recently left or will be leaving FEMA

temporary housing units or FEMA's Alternative Housing Pilot Program, including Katrina cottages, will be given preference over all other displaced families. Families will be considered to have "recently left" a FEMA provided temporary housing unit or Katrina cottage if they vacated their unit on or after June 24, 2009 – the date the appropriations act was signed.

In order to determine an applicant's eligibility, the GHA will interview the applicant and complete a preliminary application that will include obtaining the family's FEMA number.

If the PHA has established other local selection preferences, the preference for families displaced by Hurricane Katrina or Rita will take precedence over any other preference.

**HOUSING CHOICE VOUCHER PROGRAM APPLICATION INTAKE
PROCESS REVISED, EFFECTIVE SEPTEMBER 8, 2009:**

- (1) Families who have recently left or will be leaving FEMA temporary housing units or FEMA's Alternative Housing Pilot Program, including Katrina cottages (vacated unit on or after June 24, 2009); and,**
- (2) Families displaced by Hurricane Katrina or Rita.**

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants		
a) Public Housing Operating Fund *	3,449,404.00	
b) Public Housing Capital Fund *	1,932,188.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Resident Opportunity and Self-Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
Section 8 Voucher (and Certificate Program)	927,744.00	Section 8 Tenant-Based Assistance
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Section 8 New Construction		
3. Public Housing Dwelling Rental Income	408,750.00	Public Housing Operations
4. Other income (list below)	38,900.00	
Interest on investments, late charges, and service charges		Public Housing Operations
Resident Use: Resident Participation and Retained Rental Income	60,009.00	Resident-Related Improvements and Services
4. Non-federal sources (list below)		
Total resources	6,816,995.00	



U. S. Department of Housing and Urban Development

Jackson Field Office, Southeast / Caribbean
Dr. A. H. McCoy Federal Building, Room 910
100 West Capitol Street
Jackson, Mississippi 39269-1096

April 6, 2009

Mr. Gregory L. Flippins
Executive Director, Housing
Authority of Greenwood
P. O. Box 1847
Greenwood, MS 38930-1847

Dear Mr. Flippins:

SUBJECT: Report for Fiscal Year Ending: March 31, 2008
Independent Auditor (IA): William Daniel McCaskill, CPA

We have reviewed the corrective actions dated March 31, 2009, regarding the finding from the subject audit. Based on the documentation you submitted, we are clearing Finding Number 2008-01; therefore, you can consider this audit report closed in its entirety.

If you have any questions or need any further assistance, please do not hesitate to contact Timothy Plummer, Public Housing Revitalization Specialist, at (601) 608-1735.

Sincerely,

A handwritten signature in black ink, appearing to read "Holly Knight".

Holly Knight, Director
Jackson Hub Office of Public Housing

HUD's mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination.

www.hud.gov

espanol.hud.gov

THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS



**POST OFFICE BOX 1847
GREENWOOD, MISSISSIPPI 38935-1847**
*TELEPHONE (662) 453-4822
FAX (662) 455-3547
E-Mail: grnwdhams@microsped.com*

March 31, 2009

Ms. Holly Bellino-Knight
Program Center Coordinator
Office of Public Housing
Dr. A.H. McCoy Federal Building, Room 910
100 West Capitol Street
Jackson, MS 39269-1096

SUBJECT: Report for Fiscal Year Ending: March 31, 2008

Dear Ms. Bellino:

Please find enclosed the Greenwood Housing Authority's Corrective Action Plan for Finding 2008-1 as listed in Schedule 1 of the Annual Financial Report as of and for the year ended March 31, 2008 and a copy of the Adjusted Journal Entry that reflects the application of the funds.

Said Corrective Action Plan, is as follows:

HOUSING AUTHORITY OF THE CITY OF
GREENWOOD
Greenwood, Mississippi
Corrective Action Plan for Current Year Findings
For Fiscal Year Ended March 31, 2008

FINDINGS-FINANCIAL STATEMENTS AUDIT

2008-1

Action planned: The authority will adhere to it's policy of recording as revenue all funds measurable and available at FYE.

Person Responsible: Gregory Flippins, Executive Director

Anticipated Completion Date: At Required Time

Should you have questions, please contact me.

Respectfully,


Gregory L. Flippins,
Executive Director

GLF/ds

cc: Commissioners

JOURNAL VOUCHER ENTRY
Greenwood Housing Authority

G/L Account Number	Pd	Check#	Amount	Vendor	Date	Description	Reference	SSN
1 02 1125	0	11	0	180,553.00	0	02/28/2009	Audit AJE 3-31-8	JET0313
1 02 2841	0	11	0	180,553.00 CR	0	02/28/2009	Audit AJE 3-31-8	JET0313
1 02 1125	0	11	0	180,553.00 CR	0	02/28/2009	REVERSE AUDIT AJE	JET0313
1 02 9020	0	11	0	180,553.00	0	02/28/2009	REVERSE AUDIT AJE	JET0313
1 13 1499	4	11	0	55,262.16 CR	0	02/28/2009	Audit AJE 3-31-8	JET0313
1 13 2701	0	11	0	55,262.16	0	02/28/2009	Audit AJE 3-31-8	JET0313
Total Debits & Credits Updated:			416,368.16	416,368.16 CR	WBLODYD			

Total Added: 0.00
 Total Updated: 416,368.16
 Total Deleted: 0.00
 Total Reversed: 0.00

Prepared By M. Dwyer, CPA

Approved By _____

03/27/2009

Prepared by Lindsey and Company, Inc.

10:29:51