

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <b>Housing Authority of the City of Lexington</b> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <b>07/01/2010</b> PHA Code: <b>NE010</b>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>81</b> Number of HCV units: <b>122</b>												
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	PH	HCV						
PH	HCV												
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>The mission of the Lexington Housing Authority is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with other, we offer rental assistance and other related services to our community in a non-discriminatory manner.</b>												

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.

The Lexington Housing Authority strives to continue to ensure access to safe, clean and affordable housing regardless of race, color, religion, national origin, sex, familial status and disability.

**GOAL #1: Manage the Lexington Housing Authority in a manner that will insure compliance with statutes and regulations**

**GOAL #2: Management**

**The Lexington Housing Authority will take measures to ensure that HUD will continue regard Lexington Housing Authority as a High Performer**

**The Lexington Housing Authority will continue to provide staff education, and encourage ethical behavior and excellence in performance of duties**

**The Lexington Housing Authority will strive for better communication between residents and staff**

**GOAL #3: Board Of Commissioners**

**The Lexington Housing Authority will strive to continue to have excellent Board participation and leadership**

**The Lexington Housing Authority will continue to encourage Board education always recognizing their background of diverse skills and vision for the future**

**GOAL #4: Reducing Vacancies**

**Continue to strive to reduce the number of vacancies in all rental units and reduce the number of make ready days**

**GOAL #5: Marketability of Units**

**The Lexington Housing Authority will continue to make upgrades and improvements in all units in order to have safe rental homes that are competitive with other affordable housing in town and with the private sector**

**GOAL #6: Development**

**The Lexington Housing Authority will continue to review growth in the community and the City of Lexington Comprehensive Plan in an effort to provide affordable housing as needed**

**\*Please see 2005 Five Year Plan Lexington Housing Authority Goals below.**

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Lexington Housing Authority Plan Elements are have not been revised since the last Annual Plan submission. <b>Copies of Existing Policies, Budgets and Annual Audit are available in the Lexington Housing Authority office.</b></p> <p><b>Lexington Housing Authority Violence Against Women Act Policy Adopted March 12, 2008</b>  The Lexington Housing Authority Board of Commissioners adopted their Violence Against Women Act Policy by Board Resolution at their Regular Meeting March 12, 2008. All residents currently living in property owned or managed by the Lexington Housing Authority as well as all participants currently leasing a units with assistance from the Housing Choice Voucher Program have received a copy of the actual policy as well as a copy of an easy to read brochure titled “Violence Against Women In Federally Funded Rental Assisted Housing” . All persons making formal application for any program with the Lexington Housing Authority will have access to the Policy as mentioned above. They will also be given a copy of the above mentioned brochure.  <b>See Entire Policy at End of this Document</b></p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Lexington Housing Authority Main Administrative Office located at 609 East Third Street, Lexington, NE 68850</b></p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>The Lexington Housing Authority has not received a HOPE VI Revitalization Grant nor will the Lexington Housing Authority apply for a HOPE VI Revitalization grant in the Plan Year</b>  <b>The Lexington Housing Authority will not be engaging in any mixed-finance development activities for public housing in the Plan Year.</b>  <b>The Lexington Housing Authority does not propose to use any portion of it’s Capital Funds to repay debt incurred to finance capital improvements.</b>  <b>The Lexington Housing Authority does not plan to demolish or dispose of any Public Housing units in the upcoming year.</b>  <b>The Lexington Housing Authority does not plan to convert any Public Housing units to Tenant Based Assistance in the upcoming year.</b>  <b>The Lexington Housing Authority does not plan to participate in a Homeownership Program for the Public Housing Program or the Section 8 Housing Choice Voucher Program in the upcoming year.</b>  <b>The Lexington Housing Authority does not plan to project-base” any tenant based Section 8 Vouchers in the coming year.</b>  <b>The Lexington Housing Authority does plan to participate in the Capital Fund Program in the upcoming year.</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>See Attached</b></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>See Attached</b></p>

8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>The Lexington Housing Authority DOES NOT propose to use any portion of its Capital Fund Program to repay debt incurred to finance capital improvements.</b></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>(High Performers are required to complete this section only for Annual Plan submitted with the 5-Year Plan)</b></p>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>The Lexington Housing Authority has become the Managing Member of a Limited Liability Corporation, Legend Oaks LLC, to Manage a Tax Credit Project developed by Mesner Development Co. and currently being constructed with completion set for July, 2010. This project will be a twenty-one unit project for persons age Fifty-Five and older with incomes at or below 50 to 60 percent of Dawson County, Nebraska Area Median Income</b></p>
10.0	<p><b>Additional Information.</b> 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>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>a. Substantial Deviation from the 5-Year Plan</b>  <i>A substantial deviation from the Five-Year Plan occurs when the Lexington Housing Authority Board of Commissioners decides that it wants to change the mission statement, the goals or the objectives of the Five-Year Plan.</i></p> <p><b>b. Significant Amendment or Modification to the Annual Plan</b>  <i>Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the Lexington Housing Authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.</i></p> <p><b>((High Performers complete only for Annual Plan submitted with the 5-Year Plan))</b></p>

11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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## **\*5.2 Goals and Objectives**

### **2005 Five Year Plan Lexington Housing Authority Goals**

**1. Reduce public housing vacancies:** According to the MASS reports submitted to HUD, the five year average for vacant units for the year 2000 through 2004 is 26.8 vacancies. The goal will be to have an average of less than 26.8 vacancies in the next five years.

**1. Report on Progress:** For the past five years the average vacancies has been 23.4 units vacant. This is an improvement from the previous five year period.

**2. Improve public Housing management: (PHAS score)** Currently the Lexington Housing Authority is a High Performer with a score of 97, however in the three previous years the Authority scored as a standard performer. The Goal is to continue to be a High Performer.

**2. Report on Progress:** The Lexington Housing Authority has retained the status of High Performer for the past 5 year period.

**3. Concentrate on efforts to improve specific management functions.** The goal of the Lexington Housing Authority (if funding is available), is to continue to lease up to the Baseline number of units as set by HUD in the Housing Choice Voucher program.

**3 Report on Progress:** In the past five years the Lexington Housing Authority has made an effort to stay as close to fully leased as possibly in the Housing Choice Voucher program. The five year average is 92% leased. Funding must be considered in this picture because there have been times when it is impossible to lease up to the 122 baseline due to lack of HAP funding.

**4. Ensure equal opportunity and affirmatively further fair housing by ensuring access to assisted housing, provide suitable living environments for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability and ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.**

**4. Report on Progress:**

**a. During the period measured in both the Public Housing and Voucher programs, there have been a total of 19% of the individuals housed that were elderly, disabled or handicapped. Considering some of the families housed in the Voucher program had 7 to 10 persons in the family helping make up the 3,111 persons housed, I feel 19% is a successful amount. Currently of persons housed, 92% are white with 13% being Hispanic and 87% being Non-Hispanic. Seven percent of the persons housed are Black and 1% are considered Other.**

**b. Equal Opportunity and Fair Housing training and policy review is done on a regular basis for Lexington Housing Authority. There is a Staff Annual Meeting held each year on the day after the Board of Commissioners hold their Annual Meeting. During the Staff Annual Meeting the policies are all reviewed and all staff are asked to sign a statement that they attended the review and have an understanding of all policies reviewed. During the year copies of Fair Housing cases that have been filed are circulated among staff who read the reports and sign off on the sheet saying they have read the material. The Executive Director attends the annual Fair Housing or now the Civil Rights conference held in Lincoln, Nebraska.**

**c. Disabled individuals are housed on a regular basis. In some cases during the past five years, reasonable accommodations have been made for persons needing housing such as grab bars installed and ramps built in put into place to allow tenants to live in homes comfortably. Disabled persons without physical disabilities have been housed on a regular basis. The Lexington Housing Authority has a very good working relationship with Goodwill Industries located here in Lexington and we work very closely with their caseworkers in order to provide decent affordable housing for all.**

*(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. Comments as follows:*

**March 15, 2010**

**The Resident Advisory Board meeting was scheduled for March 15, 2010, at 4:00 p.m. open to all residents of Public Housing and the Housing Choice Voucher program.**

**Those attending the meeting were: Irene Darnall, Esther Debban, Elaine Cox, Esther Murdock, Judy Brown, Sandra Condry, Mike Berke, Samantha Keith, Romona Barnett and Mary Barlow. The minutes of the March 23, 2009 RAB Meeting were read.**

**After the Agency Plan was reviewed in its entirety, the following comments and suggestions were made:**

- **A comment was made that the apartment units are very nice inside, they have everything needed to live comfortably.**
- **A few Work-Orders were requested and so noted.**
- **A suggestion was made to invest in a sprinkler system that could run or not according to the outside temperature. That way if the day was cool the system would not run thus not causing overwatering.**
- **A comment was made about the bathroom exhaust fans and the amount of lint that is attracted when the fans ran. Also the outside water faucets were discussed. The knobs are hard for the ladies to turn when they wish to water their flowers. The Director told the group she would discuss the issue with Maintenance.**

**With no other comments or suggestions being made, the meeting ended.**

*PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. Narrative to the comments as follows:*

**This narrative is taken directly from the Minutes of the Regular Meeting of the Lexington Housing Authority Board of Commissioners held on March 17, 2010.**

#### **REVIEW RESIDENT ADVISORY BOARD SUGGESTIONS FOR CONSIDERATION IN THE AGENCY PLAN FOR 2010**

- 1. A comment was made by one of the Residents that the apartment units are very nice inside and have everything needed to live comfortably. The Commissioners appreciated the remark. No action was needed or taken**
- 2. Have the maintenance staff go to all units annually, to clean the exhaust fans. The Commissioners discussed this request and decided to continue the existing policy of cleaning exhaust fans upon request.**
- 3. The outside water faucets were discussed. The knobs are hard for the ladies to turn when they wish to water their flowers. The Commissioners discussed this request and decided**

to have maintenance look into faucets with handles that turned easier as the need to replace faucets arises. This said the Commissioners are keeping in mind the REAC Inspections where dripping faucets are counted as a deficiency.

4. The suggestion was made to invest in a sprinkler system that could run or not according to the outside temperature, humidity and recent rainfall. That way if the day was cool the system would not run thus controlling unnecessary water usage and overwatering. The Commissioners discussed this request, however, felt it was not financially feasible at this time to consider this suggestion.

*(g) Challenged Elements*

**There were no Challenged Elements**

LEXINGTON HOUSING AUTHORITY  
VIOLENCE AGAINST WOMEN ACT  
(VAWA)  
POLICY

Attachment to  
Public Housing Admissions and Continued Occupancy Policy and  
Housing Choice Voucher Administrative Policy

Adopted by Board Action, Effective March 12, 2008

Resolution No. # 504

1. PURPOSE AND APPLICABILITY

The purpose of this policy is to implement the applicable provisions of the Violence Against Women Act and Department of Justice Reauthorization Act of 2005 and more generally to set forth Lexington Housing Authority's policies and procedures regarding domestic violence, dating violence, and stalking, as defined in this policy.

This Policy shall be applicable to the administration of Lexington Housing Authority of all federally subsidized public housing and Housing Choice Voucher rental assistance under the U.S. Housing Act of 1937. Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

2. GOALS AND OBJECTIVES

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by WAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, violence, or stalking who are assisted by Lexington Housing Authority;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between Lexington Housing Authority, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by Lexington Housing Authority; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by Lexington Housing Authority.

3. OTHER LEXINGTON HOUSING AUTHORITY POLICIES AND PROCEDURES

This Policy shall be referenced in and attached to Lexington Housing Authority's Public Housing Agency Plan and shall be attached to Lexington Housing Authority's Admissions and Continued Occupancy Policy and Administrative Plan.

#### 4 DEFINITIONS

As used in this Policy:

- A. Domestic Violence – The term “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 shares a child in common, by a person who is cohabitating with or has cohabited with the victim, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- B. Dating Violence – means violence committed by a person –
1. who is or has been in a social relationship of a romantic or intimate nature with the victim; and
  2. where the existence of such a relationship shall be determined based on a consideration of the following factors:
    - a. The length of the relationship;
    - b. The type of relationship;
    - c. The frequency of interaction between the persons involved in the relationship.
- C. Stalking – means –
1. (a) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (b) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
  2. 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 –
    - a. that person;
    - b. a member of the immediate family of that person;'
    - c. the spouse or intimate partner of that person;
- D. Immediate Family Member – means, with respect to a person –
1. a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands as a parental figure; or
  2. any other person living in the household of that person and related to that person by blood or marriage.
- E. Perpetrator – means person who commits an act of domestic violence, dating violence or stalking against a victim.

#### 5. ADMISSIONS AND SCREENING

- A. Non-Denial of Assistance. Lexington Housing Authority will not deny admission to public housing or to the HCV rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

- B. Mitigation of Disqualifying Information. When so requested in writing by an applicant for assistance whose history includes incidents in which the applicant was a victim of domestic violence, Lexington Housing Authority, may but shall not be obligated to, take such information into account in mitigation of potentially disqualifying information, such as poor credit history or previous damage to a dwelling. If requested by an applicant to take such mitigating information into account, Lexington Housing Authority shall be entitled to conduct such inquiries as are reasonably necessary to verify the claimed history of domestic violence and its probable relevance to the potentially disqualifying information and require applicant to provide relevant documentation. Lexington Housing Authority will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

6. TERMINATION OF TENANCY OR ASSISTANCE

- A. VAWA Protections. Under VAWA, public housing residents and persons assisted under the HCV rental assistance program have the following specific protections, which will be observed by Lexington Housing Authority:
1. An incident or incidents of actual or threatened domestic violence dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
  2. In addition to the foregoing, tenancy or assistance will not be terminated by Lexington Housing Authority as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:
    - a. Nothing contained in this paragraph shall limit any otherwise available authority of Lexington Housing Authority or a HCV owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant’s household. However, taking any such action, neither Lexington Housing Authority nor a HCV manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking that that applied to other tenants.
    - b. Nothing contained in this paragraph shall be construed to limit the authority of Lexington Housing Authority or a HCV owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or Lexington Housing Authority, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.
- B. Removal of Perpetrator. Further, notwithstanding anything in paragraph 6.A.2. or Federal, State or local law to the contrary, Lexington Housing Authority or a HCV owner or manager, as the case may be, may divide into two, a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by Lexington Housing Authority Leases used for all public housing operated by Lexington Housing Authority and, at the option of HCV owners or managers, leases for dwelling units occupied by families

assisted with HCV rental assistance administered by Lexington Housing Authority, shall contain provisions setting forth the substance of this paragraph.

## 7. VERIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

- A. Requirement for Verification – Lexington Housing Authority or a HCV owner or manager may verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph 7.C., Lexington Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by Lexington Housing Authority. HCV owners or managers receiving rental assistance administered by Lexington Housing Authority may elect to require verification, or not to require it as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following two ways:

1. HUD-approved form – by providing to Lexington Housing Authority or to the requesting HCV owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD) and available at the Lexington Housing Authority office, that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator. The form must also be signed 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 the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
  2. Police or court record – by providing to Lexington Housing Authority or to the requesting HCV owner or manager a Federal, state, tribal, territorial, or local police or court record describing the incident or incidents in question.
- B. Time allowed to provide verification/failure to provide. An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by Lexington Housing Authority, or HCV owner or manager to provide verification, must provide such verification within 14 business days after the date of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.
- C. Waiver of verification requirement. The Executive Director of Lexington Housing Authority, or a HCV owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

## 8. CONFIDENTIALITY

- A. Right of confidentiality. All information (including the fact that an individual is a

victim of domestic violence, dating violence or stalking) provided to Lexington Housing Authority or to a HCV owner or manager in connection with a verification required under Section 7 of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing; or
  2. required for use in a public housing eviction proceeding or in connection with termination of HCV assistance, as permitted in VAWA; or
  3. otherwise required by applicable law.
- B. Notification of rights. All tenants of public housing and tenants participating in the HCV rental assistance program administered by Lexington Housing Authority shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

#### 9. TRANSFER TO NEW RESIDENCE

- A. Application for transfer. In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, Lexington Housing Authority will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or HCV tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence, dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit. Verification as described in Section 7 of this policy will be required.
- B. Action on applications. Lexington Housing Authority will act upon such an application promptly.
- C. No right to transfer. Lexington Housing Authority will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of HCV assistance as provided in paragraph 9.E. below, the decision to grant or refuse to grant a transfer shall lie within the sole discretion of Lexington Housing Authority, and this policy does not create any right on the part of any applicant to be granted a transfer.
- D. Family rent obligations. If a family occupying Lexington Housing Authority public housing or HCV assisted housing moves before the expiration of the lease term in order to protect the health or safety of a household member, the family will remain liable for the rent during the remainder of the lease term unless released by Lexington Housing Authority or the landlord/manager/owner. In cases where Lexington Housing Authority determines that the family's decision to move was reasonable under the circumstances, Lexington Housing Authority or the landlord/manager/owner may wholly or partially waive rent payments and any rent owed shall be reduced by the amounts of rent collected for the remaining lease term from a tenant subsequently occupying the unit.
- E. Portability. Notwithstanding the foregoing, a HCV-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the HCV program and has moved from the unit in order to protect a health or safety of an individual member of the household who is or has been the victim of domestic violence, dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

#### 10. COURT ORDERS/FAMILY BREAK-UP

- A. Court Orders. It is Lexington Housing Authority's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by Lexington Housing Authority and their property. This

includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of victims and addressing the distribution of personal property among household members in cases where a family breaks up.

- B. Family break-up. Other Lexington Housing Authority policies regarding family break-up are contained in the Lexington Housing Authority's Public Housing Admissions and Continued Occupancy Policy (ACOP) and its HCV Administrative Plan.

11. RELATIONSHIPS WITH SERVICE PROVIDERS

It is the policy of the Lexington Housing Authority to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If Lexington Housing Authority staff becomes aware that an individual assisted by Lexington Housing Authority is a victim of domestic violence, dating violence or stalking, Lexington Housing Authority will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring Lexington Housing Authority either to maintain a relationship with any particular provider of shelter or services to victims of domestic violence or to make a referral in any particular case.

12. NOTIFICATION

Lexington Housing Authority shall provide written notification to applicants, tenants, and HCV owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality denial of assistance and, termination of tenancy or assistance.

13. RELATIONSHIP WITH OTHER APPLICABLE LAWS

Neither VAWA or this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

14. AMENDMENT

This policy may be amended from time to time by Lexington Housing Authority as approved by the Lexington Housing Authority Board of Commissioners.

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

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

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

**8.2 Capital Fund Program Five-Year Action Plan**

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**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        Annual PHA Plan for the PHA fiscal year beginning 07/01/2010, 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.

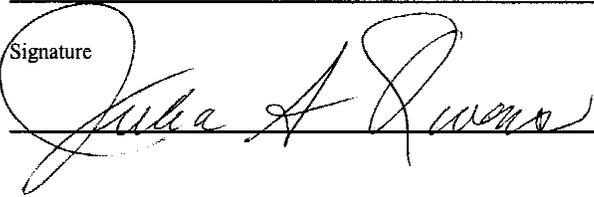
Housing Authority of the City of Lexington  
PHA Name

NE010  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2015

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  Julia A. Owens	Title  Chairman
Signature 	Date 04/09/2010

EXTRACT FROM MINUTES OF THE REGULAR MEETING  
OF THE BOARD OF COMMISSIONERS  
OF THE HOUSING AUTHORITY OF THE CITY OF LEXINGTON  
HELD ON THE 17th DAY OF March, 2010

The Board of Commissioners of the Housing Authority of the City of Lexington, Nebraska met in a Regular Meeting at the office of the Authority in the City of Lexington, Nebraska, at the place, hour, and date duly established for the holding such meeting.

The Chairman called the meeting to order and on roll call the following answered present;

Owens  
Saiz  
Kohl  
Wheeler

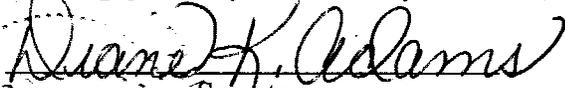
The Chairman declared a quorum present.

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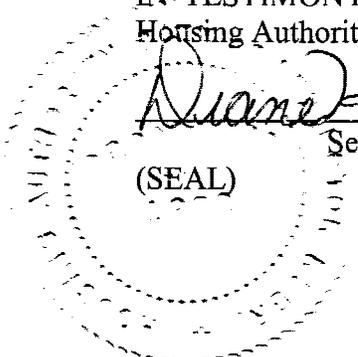
CERTIFICATE OF RECORDING OFFICER

I, Diane K. Adams, the duly appointed, qualified and acting Secretary of the Housing Authority of the City of Lexington, Nebraska, do hereby certify that the attached extract from the minutes of the Regular Meeting of the Board of Commissioners of the Lexington Housing Authority, held on March 17, 2010, is a true and correct copy of the original minutes of such meeting on file and of record in so far as they relate to the matters set forth in the attached extract, and I do further certify that each Resolution appearing in such extract is a true and correct copy of a Resolution adopted at such meeting and on file and of record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and the seal of said Lexington Housing Authority this 17th day of March, 2010

  
Secretary

(SEAL)



**RESOLUTION NUMBER 551**

The following resolution was introduced by Diane Adams, Executive Director; read in full and considered:

**RESOLUTION NUMBER 551**

BE IT RESOLVED by the Commissioners of the Housing Authority of the City of Lexington, Nebraska that the PHA 5-Year Plan for Fiscal Year 2010 along with the Performance and Evaluation Reports for Years 2006 through 2009 and the Five-Year Action Plan for Years 2010 thru 2014, all be approved as submitted by the Executive Director for Commissioner review.

BE IT FURTHER RESOLVED by the Commissioners of the Housing Authority of the City of Lexington that the Chairman sign the Civil Rights Certification to be mailed into HUD.

Commissioner Kohl moved that the foregoing resolution be adopted as introduced and read, which motion was seconded by Commissioner Saiz and upon roll call the "Ayes" and "Nays" were as follows:

AYES	NAYS
Owens	None
Saiz	
Kohl	
Wheeler	

The Chairman thereupon declared said motion carried and said resolution adopted.

Resolution Adopted March 17, 2010

**Civil Rights Certification**

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

**Civil Rights Certification****Annual Certification and Board Resolution**

*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 Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing.

Housing Authority of the City of Lexington

NE010

\_\_\_\_\_  
 PHA Name

\_\_\_\_\_  
 PHA Number/HA Code

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)

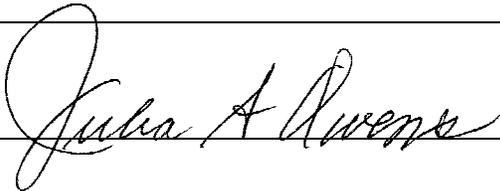
Name of Authorized Official

Julia A. Owens

Title

Chairman

Signature



Date

04/09/2010

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name

Housing Authority of the City of Lexington

Program/Activity Receiving Federal Grant Funding

CFP

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.

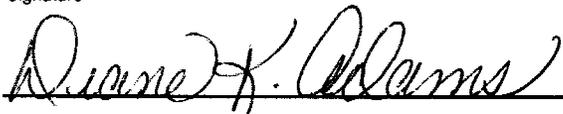
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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 <b>Diane K. Adams</b>	Title <b>Executive Director</b>
Signature 	Date (mm/dd/yyyy) <b>04/09/2010</b>

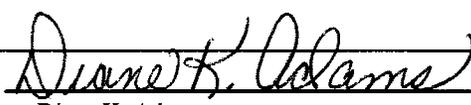
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" 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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 3rd	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> U.S. Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  None	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> 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: <u></u> Print Name: <u>Diane K. Adams</u> Title: <u>Executive Director</u> Telephone No.: <u>308-324-4633</u> Date: <u>04/09/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Lexington

Program/Activity Receiving Federal Grant Funding

CFP

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.)

300 Block of North Monroe, Lexington, NE 68850

See attached sheet of address of the Lexington Housing Authority Scattered Site Properties

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

Diane K. Adams

Title

Executive Director

Signature

X *Diane K. Adams*

Date

04/09/2010

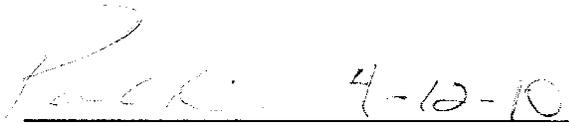
<b>730 East 5<sup>th</sup></b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>732 East 5<sup>th</sup></b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>210 West 11th</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>808 West 11th</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>101 East 17th</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>505 West Cedar</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>1001 Conestoga Lane</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>1002 Conestoga Lane</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>1007 Conestoga Lane</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>1505 Freedom Lane</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>1100 S. Harrison</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>309 W. High</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>1007 North Lake</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>207 Maple</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>207 West Oak</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>505 West Oak</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>400 Oregon Trail</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>409 Oregon Trial</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>411 Oregon Trail</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>502 Oregon Trail</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>503 Oregon Trail</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>509 Oregon Trail</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>510 Oregon Trail</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>511 Oregon Trail</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>402 Santa Fe</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>404 Santa Fe</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>414 Santa Fe</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>416 Santa Fe</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>506 Santa Fe</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>514 Santa Fe</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>1007 Stagecoach</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>
<b>807 South Taylor</b>	<b>Dawson County</b>	<b>Lexington, NE 68850</b>

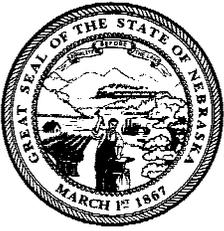
**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

**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, Paula Rhian the Housing Coordinator certify that the Five Year and  
Annual PHA Plan of the Lexington Housing Authority is consistent with the Consolidated Plan of  
the State of Nebraska prepared pursuant to 24 CFR Part 91.

  
\_\_\_\_\_  
Signed / Dated by Appropriate State or Local Official



Dave Heineman  
Governor

# STATE OF NEBRASKA

## DEPARTMENT OF ECONOMIC DEVELOPMENT

301 Centennial Mall South  
P.O. Box 94666  
Lincoln, Nebraska 68509-4666 USA  
Phone (402) 471-3111  
Toll Free (800) 426-6505  
Fax (402) 471-3778  
Statewide Relay (800) 833-0920 (voice)  
[www.neded.org](http://www.neded.org)

April 12, 2010

Diane K. Adams  
Executive Director  
Lexington Housing Authority  
609 East 3rd Street  
Lexington, NE 68850-2216

RE: Statement of Consistency with the Consolidated Plan for One and Five Year Agency Plan

Dear Ms. Adams:

This is to certify that the Housing Needs identified in your Agency Plan as submitted on April 10, 2010 is consistent with the Department of Economic Development's current Housing and Community Development Consolidated Plan, and our Analysis of Impediments to Fair Housing Choice.

We wish you the best in accomplishing the goals and objectives identified in your submission.

If you have any questions please contact me at (800) 426-6505, (402) 471-3760 or [paula.rhian@nebraska.gov](mailto:paula.rhian@nebraska.gov).

Sincerely,

  
Paula Rhian  
Housing Coordinator  
Community and Rural Development Division

Enclosure

APR 13 2010

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: 2006 FFY of Grant Approval:			
PHA Name: Lexington Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26F010501-06 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:4 ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	4,060		4,060	4,060
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	350		350	350
8	1440 Site Acquisition				
9	1450 Site Improvement	2,663		2,663	2,663
10	1460 Dwelling Structures	103,247		103,247	60,897.61
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000		2,000	2,000
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

<b>Part I: Summary</b>		FFY of Grant: 2006	
<b>PHA Name:</b> Lexington Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P010501-06 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
		<b>Revised<sup>2</sup></b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	112,320	112,320
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	27,435.52	27,435.52
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>Susan X. Adams</i>			
<b>Date</b> 03/17/2010		<b>Date</b>	

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





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: 2007	
PHA Name: Lexington Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: NE26F010501-07 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:4 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup>
		Obligated	Expended
1	Total non-CFF Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements	3,000	3,000
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	15,040	15,040
8	1440 Site Acquisition		
9	1450 Site Improvement	1,000	1,000
10	1460 Dwelling Structures	22,046.70	2,398.70
11	1465.1 Dwelling Equipment—Nonexpendable	500	0.00
12	1470 Non-dwelling Structures	62,587.30	62,587.30
13	1475 Non-dwelling Equipment	5,000	3,715.46
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

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

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

<b>Part I: Summary</b>		FFY of Grant: 2007	
PHA Name: Lexington Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: NE26P010501-07 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	109,134	107,389.46
21	Amount of line 20 Related to LBP Activities	109,134	87,741.46
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	19,576	19,403.46
Signature of Executive Director: <i>Diane F. Adams</i>		Signature of Public Housing Director	
Date 03/17/2010		Date	

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





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: 2008 FFY of Grant Approval:	
PHA Name: Lexington Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P010501-08 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
		Original	Obligated
1	Total non-CFF Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	12,500	0.00
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	10,188	0.00
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	92,500	92,500
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: Lexington Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P010501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
		<b>Revised<sup>2</sup></b>	<b>Expended</b>
18a	1501 Collateralization of Debt Service paid by the PHA		
18ba	9000 Collateralization of 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)	115,188	92,500
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	9,188	0.00
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>Suzanne S. Adams</i>		<i>[Signature]</i>	
<b>Date 03/17/2010</b>		<b>Date</b>	

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





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

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:		
PHA Name: Lexington Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P010501-09 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	
1	Total non-CFF Funds			Expended
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	10,000	5,000	0.00
8	1440 Site Acquisition			
9	1450 Site Improvement	3,000	1,500	1,000
10	1460 Dwelling Structures	16,628	25,723	2,931
11	1465.1 Dwelling Equipment—Nonexpendable	4,500	2,000	0.00
12	1470 Non-dwelling Structures	75,688	77,093	5,641.25
13	1475 Non-dwelling Equipment	3,000	3,500	0.00
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities <sup>4</sup>			

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2009	
<b>PHA Name:</b> Lexington Housing Authority	<b>Grant Type and Number:</b> Capital Fund Program Grant No: NE26P010501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no: 1 )	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
		<b>Revised<sup>2</sup></b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	114,816	9,572.25
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	17,233	0.00
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>Deane F. Adams</i>		<i>[Signature]</i>	
<b>Date</b> 03/17/2010		<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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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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 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009 ARRA FFY of Grant Approval:	
PHA Name: Lexington Housing Authority		Capital Fund Program Grant No: NE26S010501-09 Replacement Housing Factor Grant No: Date of CFPP:	
Type of Grant	Grant Type and Number		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1 )		
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
		Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	12,500	17,500
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	133,305	128,305
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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Annual Statement/Performance and Evaluation Report  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval:	
PHA Name: Lexington Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P010501-10 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Performance and Evaluation Report	<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised <sup>1</sup>	Total Actual Cost <sup>1</sup> Expended
		Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements	2,000	
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	16,000	
10	1460 Dwelling Structures	69,416	
11	1465.1 Dwelling Equipment—Nonexpendable	2,000	
12	1470 Non-dwelling Structures	15,000	
13	1475 Non-dwelling Equipment	10,400	
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

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

Annual Statement/Performance and Evaluation Report  
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 Office of Public and Indian Housing  
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 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Lexington Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P010501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input 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 <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated     Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	114,816	
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	63,400	
Signature of Executive Director		Signature of Public Housing Director	
<i>Deanne J. Adams</i>		Date 03/17/2010	

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





**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number Lexington Housing Authority NE010		Locality: Lexington, Dawson County, Nebraska			<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	84,816	68,816	96,816	65,816
C.	Management Improvements		4,000	4,000	9,000	12,000
D.	PHA-Wide Non-dwelling Structures and Equipment		26,000	42,000	9,000	37,000
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		114,816	114,816	114,816	114,816
L.	Total Non-CFP Funds					
M.	Grand Total					









