PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 **PHA Information**
PHA Name: Brown Metropolitan Housing Authority PHA Code: OH081
PHA Type: ☒ Small ☐ High Performing ☐ Standard ☐ HCV (Section 8)
PHA Fiscal Year Beginning: (MM/YYYY): 04/2010

2.0 **Inventory** (based on ACC units at time of FY beginning in 1.0 above)
Number of PH units: 19 Number of HCV units: 38

3.0 **Submission Type**
☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 **PHA Consortia** ☐ 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	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 **5-Year Plan.** Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 **Mission.** State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

The Brown Metropolitan Housing Authority is committed to provide decent, safe and affordable housing to low income residents of Brown County through the Housing Choice Voucher and Ripley Public Housing Program.

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. During the last five years, the opportunities to increase the number of Vouchers and Public Housing have demnished. In order to assist some of the clients on the waiting list, applicants from the Housing Choice Voucher program have been selected to participate in the Tenant Based Rental Assistance program through NSP funds, awarded to the Brown County Department of Economic Development. This has cut down on some of the wait time for assistance for a few of these applicants. The BMHA will continue to work with the Brown County Department of Economic Development to assist them in their efforts to obtain NSP funds for the upcoming years. In the next five years, the Brown Metropolitan Housing Authority will apply for Housing Choice Vouchers to assist with the needs of Brown County. For the Ripley Public Housing, the Brown Metropolitan Housing Authority would like to increase the number of units from 19 to 20. Management plans to research how this may be possible. Staff at the Brown Metropolitan Housing Authority is kept up to date on changing regulations in order to remain in compliance with HUD Guidelines. As a result, the Brown Metropolitan Housing Authority received a "High Performer" SEMAP score during the 2009 fiscal year. Public Housing has had some issues with collecting accounts receivable after a tenant vacates a unit. During the past 5 years, a collection agency was hired to collect unpaid debt. Unfortunately, this did not improve collection of these debts. During the past years, the BMHA has worked with the Ripley Police Department to prevent criminal activity on the site. In the next five years, BMHA management staff will continue to attend trainings pertaining to 504 regulations, fair housing and landlord-tenant laws. Staff will attend trainings pertaining to HUD regulations, whenever affordable. It is our goal to become "High Performers" for each scoring period in the next five years. On-line training has been a benefit to this agency. As a result of the previous five years self-sufficiently efforts and enforcement of the community service requirement, in regards to the BMHA Ripley Public Housing Program, each adult member of the households is employed or unable to work due to a disability. For the Housing Choice Voucher program, 93% are employed or unable to work due to disability. The BMHA encourages clients to become self-sufficient by posting employment opportunities in the office. During the past five years, the BMHA has maintained a strong working relationship with the Work Force Investment Act (WIA) programs. This has enabled the BMHA to notify tenants of programs offered by through WIA, such as the adult employment and the summer youth program offered this past year. The BMHA will update the current Section 3 Policy to ensure that efforts are being made to further the self sufficiently of low income clients. In regards to the deconcentration of poverty in the public housing program, it is important to note that the BMHA has only one public housing program located in Ripley, Ohio. Again, each of these nineteen single family homes consists of adults who are working or unable to work due to disability.
6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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. a. The Brown Metropolitan Housing Authority has discovered that there is a substantial slippage on the banks of Creekview Drive, which in the future will affect the homes located near the embankment. The BMHA plans to allocate funds to repair this slippage. b. The BMHA 5-year/annual plan may be found at the office located at 406 W. Plum Street, Room 99, Georgetown, Ohio 45121
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* *Not applicable.*
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit **t**he *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attachment I
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, 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. ***Attachment II***
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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.

9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The Brown Metropolitan Housing Authority participated in the formation of the CHIS for 2008. During this meeting, it was discovered that the lowest income area in Brown County is Aberdeen, Ohio. Homes in this area often are substandard and in need of improvement. The State of Ohio Tenant Based Rental Assistance program gave preference to families living in Aberdeen, however many of these units were unable to pass inspection standards. The Brown County Economic Development, with assistance from the State of Ohio has rehabilitated many units in the Aberdeen area. The highest income area in Brown County is Mt. Orab, Ohio. Mt. Orab is approximately ½ hour from Cincinnati and the Eastgate area. Jobs are easier to obtain in the Mt. Orab area. Unfortunately, rental units are scarce in the Mt. Orab area, resulting in higher rents that are often unaffordable to low income residents. It appears that rents that are affordable to lower income tenants are the farthest away from basic needs, such as physician services, grocery stores and employment opportunities. The waiting list for the Public Housing Program consists of 44 families. Of those families, 43 are families with children and one elderly family. Seven applicants are disabled. 86.36% of the families are Non-Hispanic, 0% Hispanic and the rest are undetermined. Persons who are black/African American consist of 6.82% and 93.18% of the families are white. The waiting list for the Housing Choice Voucher program consists of 214 applicants. There are 138 families with children, 12 elderly applicants and 90 families with disabilities. The waiting list consists of 1.40% Hispanic applicants and 92.52% Non-Hispanic persons. The waiting list consists of .47% American Indian/Alaska Native; 3.74% black/African American and 94.86% white applicants. According to the experience of the Brown Metropolitan Housing Authority and the Brown County Fair Housing Office, the issue of race/ethnicity is not as much of a barrier to locating affordable housing as it is for persons who are disabled. Although the apartment complexes in the Brown County area offer accessible units to persons who are disabled, the amount of affordable, disability accessible units on the private market are scarce. It is also the experience of the BMHA and Fair Housing Office that some landlords are hesitant to rent to families with children. The BMHA has partnered with social service and housing agencies in the Brown County area to form a local Continuum of Care (CoC). It is the goal of the CoC to contact a local attorney and host a meeting for private landlords to educate them on Ohio Landlord/Tenant Laws. During this meeting, the Fair Housing Officer will give a presentation on fair housing issues. Also to be distributed during this meeting will be literature from USDA pertaining to programs that may enable landlords to improve their homes according to accessibility standards. It is the intention of the CoC to conduct these meetings annually.

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** **For a period of one year, eligible applicants will be selected from the Housing Choice Voucher program will be selected to participate in the Tenant Based Rental Assistance program. It is our hope that when this program expires, there will be Vouchers available to continue with rental assistance. Each client that applies for rental assistance will also be referred to other affordable housing opportunities in the area.**
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. During the past year, the Brown Metropolitan Housing Authority has been able to refer ten (10) people from the Housing Choice Voucher program to the Tenant Based Rental Assistance program. Three of these applicants were assisted until a Voucher became available. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" None at this time.

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (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. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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 hereunder 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 off ice 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
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.

BROWN METROPOLITAN HOUSING AUTHORITY
VIOLENCE AGAINST WOMEN ACT (VAWA)
STATEMENT

On January 5, 2006, President Bush singed VAWA into law as Public Law 109-162. In accordance with Section 603 of the law which requires PHA's annual plans to contain information regarding any PHA goals, activities, objectives, polices or programs that are intended to support or assist victims of domestic violence, dating violence, sexual assault, or stalking.

I. HOUSING CHOICE VOUCHER PROGRAM

HCV landlords are asked to implement the Tenancy Addendum dated July 31, 2007, as an attachment to the lease agreement. Landlords are aware that they are not to terminate victims of domestic violence, dating violence, sexual assault, or stalking, under paragraph 8 (e) of the Tenancy Addendum.

II. PUBLIC HOUSING

It is the policy of the Brown Metropolitan Housing Authority to work with tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. The BMHA will provide referrals to the appropriate agencies to assist with criminal action and counseling.

During the screening process, the BMHA will take in consideration any unfavorable references that have occurred as a result of the abuse. It will be required that the applicant provide documentation (police report, restraining order, etc) that demonstrates that this action occurred as a result of the abuse.

The Lease agreement offers the following protections for victims of domestic violence, dating violence, sexual assault or stalking. It is required that the tenant provide documentation (police report, restraining order, stalking order, etc) that demonstrates that this action occurred as a result of abuse:

1. An incident of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of such victim.
2. Criminal Activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant's family is a victim or threatened victim of domestic violence, dating violence or stalking.

3. Notwithstanding any restrictions on admission, occupancy or termination of occupancy, or assistance, or any Federal, State or local law to the contrary, the BMHA may "Bifurcate" a lease or otherwise remove a household member from a lease without regard to whether a household member is a signatory to the 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 criminal acts of physical violence against family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by Federal, State and local law for the termination of leases or assistance under the program.
4. Nothing in this section may be construed to limit the authority of the BMHA, when notified, to honor court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up.
5. Nothing in this section limits any otherwise available authority of the BMHA to terminate assistance to a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that the BMHA does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.
6. Nothing in this section may be construed to limit the authority of the BMHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminate from assistance.
7. Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

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

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

Part I: Summary

PHA Name: Brown Metropolitan HA	**Grant Type and Number** Capital Fund Program Grant No: OH081 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

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

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised**[2]	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	3,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	1,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

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

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

Part I: Summary

PHA Name: **Brown MHA**	**Grant Type and Number** Capital Fund Program Grant No: OH081 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:2010** **FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised [2]**	**Obligated**	**Expended**
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	54,500			
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				

Signature of Executive Director Shelly Spiller	**Date**	**Signature of Public Housing Director**	**Date**
December 2, 2009			

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

Part II: Supporting Pages

PHA Name: Brown Metropolitan HA	**Grant Type and Number** Capital Fund Program Grant No: OH081 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
OH081	Repair major slippage at Creekview Drive	1450	1	50000				
OH081	Operations	1406	1	3,000				
OH081	Administration	1410	1	1,500				

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

Part II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Brown Metropolitan Housing Authority					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OH081	10/2010		10/2011		

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

AMENDMENT TO 5 YEAR PLAN
BEGINNING FISCAL YEAR 2010
THROUGH FISCAL YEAR 2014

1. **5.2 GOALS AND OBJECTIVES**

a. VAWA

The Brown Metropolitan has always and will continue to protect children and adult victims of domestic violence, dating violence, sexual assault or stalking. During the past five years, when reports of domestic violence have been made to the Brown Metropolitan HA, the BMHA has acted by waiving charges to damages to the home by the abuser and allowing the victims to remain in the unit, without penalty.

HOUSING CHOICE VOUCHER PROGRAM

HCV landlords are asked to implement the Tenancy Addendum dated July 31, 2007, as an attachment to the lease agreement. Landlords are aware that they are not to terminate victims of domestic violence, dating violence, sexual assault, or stalking, under paragraph 8 (e) of the Tenancy Addendum.

PUBLIC HOUSING

It is the policy of the Brown Metropolitan Housing Authority to work with tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. The BMHA will provide referrals to the appropriate agencies to assist with criminal action and counseling.

During the screening process, the BMHA will take in consideration any unfavorable references that have occurred as a result of the abuse. It will be required that the applicant provide documentation (police report, restraining order, etc) that demonstrates that this action occurred as a result of the abuse.

The Lease agreement offers the following protections for victims of domestic violence, dating violence, sexual assault or stalking. It is required that the tenant provides documentation (police report, restraining order, stalking order, etc) that demonstrates that this action occurred as a result of abuse:

1. An incident of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other “good cause” for termination of the assistance, tenancy, or occupancy rights of such victim.
2. Criminal Activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant’s family is a victim or threatened victim of domestic violence, dating violence or stalking.
3. Notwithstanding any restrictions on admission, occupancy or termination of occupancy, or assistance, or any Federal, State or local law to the contrary, the BMHA may “Bifurcate” a lease or otherwise remove a household member from a lease without regard to whether a household member is a signatory to the 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 criminal acts of physical violence against family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by Federal, State and local law for the termination of leases or assistance under the program.

4. Nothing in this section may be construed to limit the authority of the BMHA, when notified, to honor court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up.
5. Nothing in this section limits any otherwise available authority of the BMHA to terminate assistance to a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that the BMHA does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.
6. Nothing in this section may be construed to limit the authority of the BMHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminate from assistance.
7. Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

b. SERVING THE NEEDS OF LOW INCOME, VERY LOW INCOME AND EXTREMELY LOW INCOME FAMILIES.

The Brown Metropolitan Housing Authority contracts with Adams-Brown Counties Economic Opportunities, Inc. (ABCEOI), the local community action agency for both Adams and Brown Counties. Although funding for the Housing Choice Voucher Program and Public Housing program decreased over the past five years, through ABCEOI, participants, applicants and persons who were interested in the HA programs were referred to the Ohio Benefits Bank, Head Start, Work Force Investment Act program (One Stop), and HEAP programs also managed by ABCEOI. Housing needs were met by referring applicants in need of housing to Low Income Tax Credit Homes and apartments for persons who are elderly and disabled, managed by ABCEOI and other local housing providers.

2. **6.0 PHA PLAN UPDATE**

During the past five years, the Brown Metropolitan HA has proceeded with replacing leaking roofs with metal roofs and updated heating systems to be more energy efficient,

Recently, it was discovered what appeared to be slippage to the hillside behind three of the homes located on Creekview Drive. At this time, the BMHA has obtained bids to conduct and environmental review. With Capital Funds OH10P08150109, an environmental review agency will commence testing on the depth of the slippage and obtain information to what plan of action can be taken to prevent damage to the homes located on Creekview Drive. Once the course of action is established, the Brown Metropolitan Housing will use Capital Funds Awards, as well as any available State or Local Funds to repair the slippage.

3. **9.0 HOUSING NEEDS**

In 2009, the Brown Metropolitan Housing Authority participated in the Community Housing Improvement Program (CHIP) for the Brown County Area. During the Housing Advisory Committee meeting, it was established that although Brown County has several housing options for senior citizens and persons who are disabled, affordable housing options are not readily available for families. It was established through this committee that persons living in Aberdeen had the lowest income in the county. As a result, Brown County received Neighborhood Stabilization Funds. Through these funds, Brown County Economic Development contracted with ABCEOI to manage the Tenant Based Rental

Assistance Program. It was agreed that participants for this program would be selected from applicants waiting on assistance through the Housing Choice Voucher Program. Priority was given to persons who were living in the Aberdeen area.

In January, 2010 the BMHA again participated in the CHIP in planning to apply for NSP funds, which would again enable relief for families and individuals waiting on housing through the Housing Choice Voucher Program. It has been determined that persons living in Sardinia, Ohio will be targeted for this assistance.

It is the experience of the Brown Metropolitan Housing Authority that low income persons of varying race ethnic groups have no different experiences in obtaining housing. In speaking with Dorothy Ferris, Brown County Fair Housing Director, most complaints received are due to familial status or handicap.

Beginning 2010, the Brown Metropolitan HA will participate in forming a local Continuum of Care for the Brown County area. It is the intention of the COC to establish an organized network of low income housing providers in the Brown County area to better serve low income, very low income and extremely low income families, senior citizens, persons with disabilities with housing needs. It has been discussed that the COC will offer training to landlords in the Brown County Area to educate them on Fair Housing and Landlord/Tenant laws.

4. **10.0 ADDITIONAL INFORMATION**

a. Definition of Significant Amendment: The Brown Metropolitan HA acknowledges that during the course of a repair or installation of new projects, it often is discovered that the project cannot proceed as originally planned. A significant amendment will be defined as an instance in which the outcome is projected to have the same result; however different means than originally planned will be taken in order to achieve this goal.
b. Definition of Substantial Deviation/Modification: Instances in which projects are abandoned; unplanned projects are deemed necessary or a project is scheduled to proceed, with different results than originally planned.

5. **11.0 REQUIRED SUBMISSION FOR HUD FIELD OFFICES**

On December 8, 2009, a letter was sent to all nineteen residents of the Ripley Public Housing program scheduling a RAB meeting for January 20, 2010 at 5:00 pm. As no one attended this meeting, all nineteen residents were appointed to the RAB and the five year plan was made available to them. There were no comments from the RAB. On March 1, 2010, this attachment was sent to the RAB. No comments were made.

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.

Brown Metropolitan Housing Authority	OH081
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: Bonnie Swearingen	Title: Chairperson
Signature: Bonnie Swearingen	Date: 01/21/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
[A] a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[B] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[A] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[x] **Prime** [ ] **Subawardee**
Tier _____, *if known*:
Brown Metropolitan H.A.
406 W. Plum St
Georgetown, OH 45121
Congressional District, *if known*: 4c

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
N/A
Congressional District, *if known*:

6. Federal Department/Agency:
Department of Housing and Urban Development

7. Federal Program Name/Description:
Public Housing, Housing Choice Voucher & Capital Funds Progra
CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:
n/a

9. Award Amount, *if known*:
$ n/a

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):
n/a

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):
n/a

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: Shelly Spiller
Print Name: Shelly Spiller
Title: Housing Director
Telephone No.: 937-378-6041 Date: 12/2/2009

Federal Use Only:

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

Brown Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Funds

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 Federalagency 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.)

Flora Ave, Ripley, Ohio 45167
Creekview, Ripley,Ohio 45167
Circle Dr., Ripley, Ohio 45167
Hanover St., Ripley Ohio 45167

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	Title
Shelly Spiller	Executive Director
Signature X Shelly Spiller	Date January 21, 2010

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Brown Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Funds Program

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	Title
Shelly Spiller	Executive Director
Signature	**Date (mm/dd/yyyy)**
Shelly Spiller	01/21/2010

Part I: Summary

PHA Name/Number Brown Metropolitan HA OH081			Locality (City/County & State) Brown County Ohio		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY ___2011_____	Work Statement for Year 3 FFY __2012_____	Work Statement for Year 4 FFY ____2013_____	Work Statement for Year 5 FFY __2014_____
B.	Physical Improvements Subtotal	Annual Statement	34,300	34,000	46,300	34,000
C.	Management Improvements		3,000	0	0	3,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		1,500	1,500	1,500	1,500
F.	Other		0	0	0	0
G.	Operations		3,000	3,000	3000	3,000
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		41,800	38,500	50,800	41,500
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		41,800	38,500	50,800	41,500

Part I: Summary (Continuation)

PHA Name/Number Brown Metropolitan HA OH081			Locality (City/county & State) Brown County Ohio		☒**Original 5-Year Plan** ☐**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_____
	Ripley Ohio OH081	Annual Statement	OH081 Ripley Public Houisng	Ripley Public Housing OH081	Ripley Public Housing OH081	Ripley Public Housing OH081

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year ____2_____ FFY _2011_____			Work Statement for Year: __3_____ FFY _2012__		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	OH081/REPAIR SLIPPAGE ON CREEKVIEW DRIVE	1	31,300	OH081/REPAIR SLIPPAGE ON CREEKVIEW DRI.	1	34,000
Annual						
Statement						
	Subtotal of Estimated Cost		$31,300	Subtotal of Estimated Cost		$34,00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ____4_____ FFY 2013__			Work Statement for Year: ___5_____ FFY _2014_		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	OH081/Windows	19 homes	$10,500	OH081/Exhaust fans	19	$11,000
Annual	OH081/Tub replacement/surround	19 homes	$34,800	OH081/bathroom vanities & faucets	19 homes	$23,000
Statement				OH081/IMPROVE ACCESS TO 106 HANOVER	1	$7,500
	Subtotal of Estimated Cost		$45,300	Subtotal of Estimated Cost		$41,500

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ____2_____ FFY __2011_____		Work Statement for Year: __3_____ FFY _2012_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	OPERATIONS	$3,000	Administrative	$1,500
Annual	Administrative	$1,500	Operations	$3,000
Statement				
	Subtotal of Estimated Cost	$4,500	Subtotal of Estimated Cost	$4,500

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ____4_____ FFY __2013_		Work Statement for Year: ___5_____ FFY __2014_	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Administrative	$1,500	Administrative	$1,500
Annual	Operations	$3,000	Operations	$3,000
Statement			Management improvements/training	3,000
	Subtotal of Estimated Cost	$4,500	Subtotal of Estimated Cost	$7,500