

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Atoka Housing Authority</u> PHA Code: <u>OK124</u> 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): <u>01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>121</u> Number of HCV units: <u>None</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) NOT APPLICABLE																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:					
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: (1) To promote adequate, affordable housing, economic opportunity and a suitable living environment for the families we serve, without discrimination. (2)The Atoka Housing Authority is committed to providing quality, affordable housing in a safe environment. (3) Our mission is to provide quality housing to eligible people in a professional, fiscally prudent manner and be a positive force in our community by working with others to assist these families with appropriate supportive services.																										
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. (1) Manage the Atoka Housing Authority's existing public housing program in an efficient and effective manner thereby qualifying as a high performer. (2) Manage the Atoka Housing Authority in a manner that results in full compliance with applicable statues and regulations as defined by program audit findings. Objectives: The Atoka Housing Authority shall strive to make our public housing units more marketable t6o the community as evidenced by an increase in our waiting list. The Atoka Housing Authority shall strive to achieve and sustain an occupancy rate of 100%. The Atoka Housing Authority shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing Industry. Over the last five years Atoka Housing Authority has increased its occupancy from an 83% rate to 100% occupancy rate. We made necessary policy changes to allow us to reach and maintain our goal of 100% occupancy rate. We have developed a working team of employees who seek to better our housing authority in every way possible by removing employees who did not work toward this goal and replacing with ones who would and do work toward this goal. Through our Capital Fund Program we have been able to modernize our public housing units to better compete with private housing. Thereby making them more marketable. The Atoka Housing Authority has achieved and maintained the designation of a High Performer housing authority over the last five years.																										

	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission</p> <p style="padding-left: 40px;">The Admission and Continued Occupancy Policy has been revised to include an Upfront Income Verification Policy</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.</p> <p style="padding-left: 40px;">The Atoka Housing Authority 5-year plan may be view at 80 W. Cedar Circle (Administration Building) Atoka, OK during regular business hours.</p> <p>6.0 The following may also be viewed, at the same location:</p> <ol style="list-style-type: none"> 1. Eligibility, Selection and Admissions Policies 2. Financial Resources Statement/Annual Contributions Contract 3. Rent Determination Statement 4. Operation and Management Statement 5. Grievance Procedures 6. Letter of Certification for Elderly Housing Designation 7. Description of Community Service Compliance 8. Safety and Crime Prevention Plan 9. Pet Policy 10. Civil Rights Certification 11. Fiscal Year Audit 12. Asset Management Statement 13. Violence Against Women Act Policy
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable. NOT APPLICABLE</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. <i>As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</i></p>
8.2	<p>Capital Fund Program Five-Year Action Plan. <i>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.</i></p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. NO</p>

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Atoka Housing Authority has 121 units of Public Housing. Forty-five units are designated as Elderly Housing and Seventy-six are family units. Two of the family units are fully assessable Handicapped units. Four of the Elderly Designated units are fully assessable Handicapped units.</p> <p>There are currently 25 families on the community wide waiting list. Twelve families are waiting for an efficiency or one bedroom unit. The waiting time is approximately five to six months. Five families are waiting for a two bedroom unit. Approximate wait time is over one year. Three families are waiting for a three bedroom unit. Approximate wait time is over one year. One family is on the waiting list for a four family unit. Wait time is estimated over three years.</p> <p>The current waiting list represents the following five races: Caucasian, Black, Indian, Pacific Islander, and Asian.</p> <p>Twelve families are Extremely Low Income; Five families are Very Low Income and Eight families are Low Income.</p> <p>Eight families are disabled.</p>
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9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The Atoka Housing Authority will continue to strive to accommodate as many families as possible by insuring quick turn-key units and maintaining a waiting list that is purged every six months; thereby assuring the needs of the families are kept current.</p>
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10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Atoka Housing Authority has maintained an occupancy rate no lower than 95% during any one month. We have decrease the amount of time it takes to make ready a vacant unit thereby assisting more families in a less amount of time. By revising admissions and occupancy policies we are able to house more residents than in previous years. We allow applicants to choose to be under housed and being placed on a waiting list for the appropriate size unit rather than setting with vacant units waiting for the appropriate size family. With the use of Capital Funds the Atoka Housing Authority has been able to modernize units thereby making them comparable to the private sector housing.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>An amendment to the original plan displayed and submitted to HUD that includes the deletion of significant components of the annual plans, generally items that were projected to use 25% or more of the annual funding for the current fiscal year and/or the replacement of work items that are not included within the previous annual/five year plan.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none">(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.(g) Challenged Elements(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Part I: Summary

PHA Name: Atoka Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P12450110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
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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	1000.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13446.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	39774.00			
10	1460 Dwelling Structures	82684.00			
11	1465.1 Dwelling Equipment—Nonexpendable	12000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	28080.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

Part I: Summary						
PHA Name: Atoka Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12450110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	177484.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date: 02/10/2010	Signature of Public Housing Director		
				Date		

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

PHA Name: Atoka Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P12450107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	23290.00	30629.24	30629.24	30629.24
3	1408 Management Improvements				
4	1410 Administration	1000.00	425.26	425.26	425.26
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13000.00	12640.00	12640.00	12640.00
8	1440 Site Acquisition				
9	1450 Site Improvement	126034.00	14700.00	14700.00	14700.00
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	0	104929.50	104929.50	104929.50
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	163324.00	163324.00	163324.00	163324.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

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

PHA Name: Atoka Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12450107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA-Wide				Original	Revised	Funds Obligated	Funds Expended	
A3	Operations	1406		23290.00	30629.24	30629.24	30629.34	Complete
A3	Advertising	1410		1000.00	425.26	425.26	425.26	Complete
A8	A&E Services	1430		13000.00	12640.00	12640.00	12640.00	Complete
C1	Replace Existing Fence	1450		126034.00	0	0	0	Rescheduled
	Replace Admin Bldg. Roof	1470		0	79929.50	79929.50	79929.50	Complete
	Store Front Entry	1470		0	25000.00	25000.00	25000.00	Complete
	Additional Parking; including widening kitchen drive & replacing dumpster pad To make room for the additional parking spaces	1450		0	14700.00	14700.00	14700.00	Complete

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

PHA Name: Atoka Housing Authority	Grant Type and Number Capital Fund Program Grant No: ok56p12450108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: **06/30/2009**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25'000.00	25,000.00	25'000.00	0
3	1408 Management Improvements				
4	1410 Administration	1'000.00	1000.00	1000.00	376.20
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13'804.00	13'804.00	13804.00	11'679
8	1440 Site Acquisition				
9	1450 Site Improvement	101'734.00	0	0	0
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	36'306.00	138040.00	138040.00	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	177'844.00	177844.00	177'484.00	12'055.20
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Part I: Summary						
PHA Name: Atoka Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S12450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	20'465.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	97'300.00				
10	1460 Dwelling Structures	107'350.00	125'650.00	125'650.00	4874.00	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

Part I: Summary					
PHA Name: Atoka Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56S12450109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/12/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	225'115.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

Part I: Summary

PHA Name: Atoka Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P12450109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	500.00		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16293.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	157423.00		0	0
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				

Part I: Summary					
PHA Name: Atoka Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12450109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/E mergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	174'216.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 09/03/2009		Signature of Public Housing Director	
				Date	

PART I: SUMMARY						
PHA Name/Number Atoka Housing Authority OK124		Locality (City/County & State) Atoka, OK			<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
	001 Cedar Circle					
B	Physical Improvements Subtotal	Annual Statement	150'484	137'147	119'484.00	136'400.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			19'000.00		
E	ADMINISTRATION					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

PART I: SUMMARY

PHA Name/Number Atoka Housing Authority OK124		Locality (City/County & State) Atoka, OK		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name 001 Walker Circle	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	BLI 1460 – 150'484	137'147	40'000.00	12'315
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					

PART I: SUMMARY						
PHA Name/Number Atoka Housing Authority OK124			Locality (City/County & State) Atoka, OK		<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
	AREA WIDE					
B	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			19'000.00		
E	ADMINISTRATION		BLI 1410 Advertising 500.00 BLI 1430 A&E Services	BLI 1410 Advertising 500.00 BLI 1430 A&E Services 17500.00	BLI 1410 Advertising 500.00 BLI 1430 A&E Services 17500.00	BLI 1410 Advertising 500.00 BLI 1430 A&E Services 17500.00
F.	Other					
G.	Operations			BLI 1406 – 3'337.00	BLI 1406 – 1000.00	BLI 1406 – 10'709.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

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

Work Statement for Year 1 FFY 2010	Work Statement for Year Two FFY 2011			Work Statement for Year Three FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	000001 CEDAR CIRCLE Replace VCT w/wood look vinyl flooring in unit 41 BLI# 1460 (C3i)	1 unit	3'115.77	000001 CEDAR CIRCLE BLI 1460 Replace Roof on selected units: (c3i) 57,48,63,64,73,74,5,6 7,8,9,10,23,24,59,30	7 Buildings	54'747.00
	Replace VCT flooring as above in one bedroom units BLI# 1460 (C3i)	16 UNITS: 3,4,5,6,11,12,13,15,16, 17,18,19,20,21,22,23 24,25,26,27,28,29,30 31,32,33,34,35	44'104.00	Replace Kitchen Cabinets in all two bedroom units BLI 1460 (c3i)		48'000.00
		10 units: 50,55,56,57,58,61,63 64,71,73	42'514.23	Install Dishwashers BLI 1465.1 (c3i)		16'000.00
	Replace VCT flooring as above in three bedroom units. BLI# 1460 (C3i)	5 units: 51,52,59,70,75	24'500.00	Replace Kitchen Faucets in all two bedroom units BLI 1460 (cei)	16	1'600.00
	Replace VCT flooring as above in four bedroom units BLI# 1460 (c3i)	2	10'400.00	Replace Vent hoods in all two bedroom units BLI 1465.1 (c3i)	16	1'600.00
	Replace Showers with Tubs 1460 (c3i)	11 units: 13,15,16,17,18,19 20,21,22,34,35	25'850.00	Replace Storage Building Awning BLI 1470 (c3i)	320 S'F'	4'000.00
	000001 Walker Circle			BLI 1470 Renovate Maintenance Shop (c3i)		15'000.00
	Re-enforce ex. Doors BLI 1460 (c3i)	45	9'000.00	Re-enforce ex. Doors BLI 1460 (c3i)	76	15'200.00
	Subtotal of Estimated Cost		\$ 159'484.00	Subtotal of Estimated Cost		\$ 156'147.00

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

Work Statement for Year 1 FFY 2010	Work Statement for Year Four FFY 2013			Work Statement for Year Five 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
	BLI 1470 Install storage buildings at each unit (c3iii)	28 Units: 49-76	56'000.00	<i>001 Cedar Circle</i> Replace Bathtubs BLI# 1460 (c3i)	Replace Bathtubs UNITS: 50,55,56,57,58,61 63,64,71,73,51, 52,53,54,59,70, 75	42'300.00
	BLI 1460 Replace bath sinks with Vanity/sink combo with new faucet (c3i)	76	23'484.00	Install 220 Plug for electric range BLI 1460 (c3i)	28	4'900.00
	BLI 1450 Additional parking (C1)	5000 S'F'	40'000.00	Purchase & install Electric Ranges BLI 1465.1 (c3i)		19'600.00
				Convert gas connection to electric connection for water heaters BLI 1460 (c3i)	76	13'300.00
				Purchase & Install electric water heaters BLI 1465.1 (c3i)	76	34'200.00
				Install water cut-offs in various areas of Cedar Circle BLI 1450 (C1)	20	4'000.00
				Install water cut-offs at washing machine BLI 1460 (c3i)	121	12'100.00
				Replace kitchen faucet BLI 1460 ((c3i)	60	6'000.00
	002 Walker Circle BLI 1450 Additional Parking (C1)	5000 S'F'	40'000.00	002 Walker Circle Convert gas connection to electric connections for water heater BLI 1460 (c3i)	45	7'875.00

				Replace kitchen faucet BLI 1460 (c3i)	45	4'500.00
	Subtotal of Estimated Cost		\$ 159'484.00	Subtotal of Estimated Cost		\$ 148'775.00

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

Work Statement for Year 1 FFY 2010	Work Statement for Year Two FFY 2011		Work Statement for Year: Three FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ANNUAL Statement	BLI# 1410 ADVERTISING	500.00	# 1406 OPERATIONS	3337.00
	BLI# 1430 A&E Services	17'500.00	BLI# 1410	500.00
			BLI# 1430	17500.00
	Subtotal of Estimated Cost	\$ 18'000.00	Subtotal of Estimated Cost	\$ 21'337.00

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

Work Statement for Year 1 FFY 2010	Work Statement for Year Four FFY 2013		Work Statement for Year: Five FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
Statement	BLI# 1406 Operations	1000.00	# 1406 OPERATIONS	10'709.00
	# 1410 ADVERTISING	500.00	BLI# 1410 Advertising	500.00
	BLI# 1430 A&E Services	17500	BLI# 1430 A&E Services	17500.00
	Subtotal of Estimated Cost	\$ 19000.00	Subtotal of Estimated Cost	\$ 28'709.00

Resident Advisory Board

The Resident Advisory Board met on June 10, 2009. Nine members attended. Comments made by the Board included the desire to have dishwashers, storage units, occupied units painted and having existing showers renovated. Expressions of gratitude were given on previous modernization efforts and for the efficient & courteous service of Housing Authority staff

Dishwashers and storage unit have been included in the 2010 Annual & Five-year plan. Painting occupied units & renovating existing showers will be considered another time.

Violence Against Women Act

ATOKA HOUSING AUTHORITY (AHA) VIOLENCE AGAINST WOMEN ACT) POLICY (VAWA)

I. PURPOSE AND APPLICABILITY

THE PURPOSE OF THIS POLICY IS TO IMPLEMENT THE APPLICABLE PROVISIONS OF THE VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005 (PUB. L. 109-162) AND MORE GENERALLY TO SET FORTH AHA'S POLICIES AND PROCEDURES REGARDING DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING, AS HEREINAFTER DEFINED.

THIS POLICY SHALL BE APPLICABLE TO THE ADMINISTRATION BY AHA OF ALL FEDERALLY SUBSIDIZED PUBLIC HOUSING RENTAL ASSISTANCE UNDER THE UNITED STATES HOUSING ACT OF 1937 (42 U.S.C. §1437 *ET SEQ.*). 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.

II. GOALS AND OBJECTIVES

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;

- C. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by AHA.

III. Other AHA Policies and Procedures

This Policy shall be referenced in and attached to AHA’s Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of AHA’s Admissions and Continued Occupancy Policy. Atoka Housing Authority’s annual public housing agency plan shall also contain information concerning AHA’s activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of AHA, the provisions of this Policy shall prevail.

IV. 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 cohabiting with or has cohabited with the victim as a spouse, 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—

- (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (B) where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - (i) The length of the relationship.
 - (ii) The type of relationship.
 - (iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

- (A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
- (B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –
 - (i) that person;
 - (ii) a member of the immediate family of that person; or

(iii) the spouse or intimate partner of that person;

D. *Immediate Family Member* - means, with respect to a person –

(A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or

(B) 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.

V. ADMISSIONS AND SCREENING

A. *Non-Denial of Assistance*. AHA will not deny admission to public housing 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, AHA, 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, AHA 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. AHA will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

VI. TERMINATION OF TENANCY OR ASSISTANCE

A. *VAWA Protections*. Under VAWA, public housing residents have the following specific protections, which will be observed by AHA:

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 AHA 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 AHA 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, in taking any such action, AHA may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.

(b) Nothing contained in this paragraph shall be construed to limit the authority

of AHA to evict or terminate from assistance any tenant or lawful applicant if AHA 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 VI.A.2. or Federal, State or local law to the contrary, AHA may bifurcate 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 AHA. Leases used for all public housing units operated by AHA for dwelling units shall contain provisions setting forth the substance of this paragraph.

VII. Verification of Domestic Violence, Dating Violence or Stalking

- A. *Requirement for Verification.* The law allows, but does not require, AHA to 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.
- B. AHA will require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by AHA.

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 three ways:

1. *HUD-approved form* - by providing to AHA a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), 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.
2. *Other documentation* - by providing to AHA documentation 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.

3. *Police or court record* – by providing to AHA 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 AHA to provide verification, must provide such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt 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.

Waiver of verification requirement. The Executive Director of AHA 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. 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.

VIII. 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 AHA in connection with a verification required under section VII 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, as permitted in VAWA, or
3. otherwise required by applicable law.

B. *Notification of rights.* All tenants of public housing shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

VIII. 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, AHA will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing 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.

- B. *Action on applications.* AHA will act upon such an application promptly [alternatively, insert a number of business days].
- C. *No right to transfer.* AHA 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 Section 8 assistance as provided in paragraph IX. E. below the decision to grant or refuse to grant a transfer shall lie within the sole discretion of AHA, 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 AHA public 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 AHA. In cases where AHA determines that the family's decision to move was reasonable under the circumstances, AHA 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.

X. COURT ORDERS/FAMILY BREAK-UP

Court orders. It is AHA's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by AHA 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.

XI. NOTIFICATION

AHA shall provide written notification to applicants and tenants concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

XII. RELATIONSHIP WITH OTHER APPLICABLE LAWS

- 1 Neither VAWA nor 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.

XII. AMENDMENT

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

Violence Against Women Act Required Statement PHA 5-year and Annual Plan	For FY: 2009
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5-year Plan Requirements		
Identify the PHA's goals, objectives, policies, or programs that will enable the housing authority to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, or stalking as required by the Violence Against Women Act of 2005. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.		
Annual Plan Requirements		
Section I: Services:		
Activities, services, or programs provided or offered, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking including, but not limited to the following:		
1. The PHA coordinates with local community organizations, listed below: The Atoka County Department of Human Services	Yes x	No
2. The PHA has developed a referral system for victims of domestic violence, dating violence, sexual assault, or stalking.		x
3. The PHA provides social services and/or case management to victims. Explain below:		x
4. The PHA provides training to its staff on VAWA's housing provisions and/or the dynamics of domestic violence, dating violence, sexual assault or stalking. Include dates and topics of trainings: Executive Director has attended training provided by Court Appointed Special Advocate (CASA)	x	
5. Please list any other activities, services or programs offered (referrals for court and legal services, job training, on-site programs, etc.): Due to our limited staff, we are unable to offer any activities or services.		x
Section II: Obtaining and Maintaining Housing		
Activities, services or programs provided or offered that help child or adult victims of domestic violence, dating violence, sexual assault, or stalking to obtain or maintain housing, including, but not limited to, the following: None		
1. The PHA provides transitional housing programs for victims of domestic violence, dating violence, sexual assault, or stalking.		x
2. The PHA has established a preference category for victims of domestic violence, dating violence, sexual assault, or stalking. Explain below:		x
3. The PHA has developed an emergency transfer policy for victims of domestic violence, dating violence, sexual assault or stalking living in public housing.		x
4. The PHA has developed a policy for the bifurcation of leases and/or rental assistance in public and Section 8 housing.		x
5. The PHA has developed a policy for porting vouchers before the end of a lease term for victims of domestic violence, dating violence, sexual assault, or stalking.		NA
6. If the PHA requires certification, the PHA has established a written procedure for verification of status as a victim of domestic violence, dating violence, sexual assault, or stalking in public and Section 8 housing.	x	
7. Please list any other activities, services or programs offered: (e.g. separate wait lists for victims or set aside programs).		x

NONE		
Section III: Prevention and Safety Enhancement Activities, services or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families, including but not limited to:		X
1. The PHA maintains all information related to an individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking as confidential, and will only disclose this information as required by law. Explain measures taken to ensure confidentiality. Maintained in separate file in locked cabinet.	X	
2. If the PHA has its own police or security officers, the PHA has policies that allow the PHA to enforce protection orders. NA		X
3. The PHA has information on domestic violence, dating violence, sexual assault, or stalking available to tenants and coordinates with local service providers to prepare prevention programs for tenants.		X
4. The PHA has notified all public housing tenants, Section 8 tenants, and Section 8 landlords of VAWA's housing protections. Explain how notice is provided. By written resident notice, hand delivered, by lease revision, by news letter, by notice posted on bulletin board.	X	
5. Please list any other activities, services or programs offered: (e.g. increased security measures, lock changes, cameras, etc.) None		X

Part I: Summary						
PHA Name: Atoka Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	174'216.00		0	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director <i>Lisa Hardman</i>		Date 02/10/2010		Signature of Public Housing Director		
				Date		

Part I: Summary						
PHA Name: Atoka Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56S12450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009 (ARRA)	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/12/2009		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	225'115.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director <i>Lisa Nardman</i>		Date 02/10/2010		Signature of Public Housing Director Date		

Part I: Summary					
PHA Name: Atoka Housing Authority		Grant Type and Number Capital Fund Program Grant No: OK56P12450110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	177484.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Lisa Hardman</i>		Date: 02/10/2010		Signature of Public Housing Director	
				Date	