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

| <b>1.0</b>         | <b>PHA Information</b><br>PHA Name: <u>Lebanon Housing Authority</u> PHA Code: <u>TN017</u><br>PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|--------------------|---|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| <b>2.0</b>         | <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: <u>354</u> Number of HCV units: <u>0</u>  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>3.0</b>         | <b>Submission Type</b><br><input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" type="checkbox"/> 5-Year Plan Only Qualified PHA  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>4.0</b>         | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|                    | <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:             |   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.0</b>         | <b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.1</b>         | <b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:<br><br>The Mission of the Lebanon Housing Authority is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.2</b>         | <b>Goals and Objectives.</b> 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.<br><br>1. Increase the availability of decent, safe and affordable housing by expanding the supply of assisted housing by maintaining public housing vacancies in the 1% range.<br>2. Improve the quality of assisted housing by improving the units and amenities through renovation and modernization using the Capital Fund Program.<br>3. Provide an improved living environment by implementing measures to deconcentrate poverty by bringing in and retaining higher income families. Currently 93% of all families assisted by Lebanon Housing Authority are below 30% of the median income. Our goal is to reduce this number by at least 5%.<br>4. Provide an improved living environment by continuing to work with local law enforcement on eliminating drugs and crime.<br>5. Provide an improved living environment by continuing to work with Mid-Cumberland Community Action Agency and their Head Homes Head Start School Program and commodities program.<br>6. Provide an improved living environment by continuing to work with the University of Tennessee Extension Service to provide educational and social activities for our residents.<br>7. Promote self-sufficiency and asset development of assisted households. Increase the number and percentage of employed persons in assisted families. Currently 25% of our families have wages as income source, our goal is to increase this by at least 10%.<br><br>VAWA ( see attachment tn017a01) |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>6.0</b>         | <b>PHA Plan Update</b><br>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:<br>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>7.0</b>         | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.0</b>         | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.1</b>         | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.2</b>         | <b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |

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| 8.3 | <b>Capital Fund Financing Program (CFFP).</b><br><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.  |
| 9.0 | <b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. |

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| 9.1  | <b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>   |
| 10.0 | <b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.<br><br>(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.<br><br><p style="padding-left: 40px;">In the past 5 year plan we had mixed results concerning our goals and objectives. We maintained our vacancies at less than 3% but were hampered by an average of 10 move outs per month. Other housing programs in the area contributed to this number as well as our continued efforts on rent collections and lease enforcement of drug related activities. We missed our goal on deconcentration, we went from 91% to 93% of families below 30% of the median income. The ease of homeownership had an impact. We have seen a noticeable decrease in drug and criminal activity. We fell short of our goal to increase the number of working families as we moved from 17% to 25% with a goal of 27%.</p> (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"<br><br><p style="padding-left: 40px;">Significant Amendments or Substantial Deviations are defined as:</p> <ol style="list-style-type: none"> <li>Changes to rent or admission policies or organization of the waiting list.</li> <li>Addition of non-emergency work items (items not included in the Annual Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund.</li> <li>Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities</li> </ol> <p style="padding-left: 40px;">An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</p> |

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| 11.0 | <b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.<br><br>Form HUD-50077 Attachment tn017b01<br>Form HUD-50077-CR Original mailed<br>Form HUD-50077-SL Attachment tn017c01<br>Form HUD-50070 Attachment tn017d01<br>Form HUD-50071 Attachment tn017e01<br>Form SF-LLL Attachment tn017f01<br>Form SF-LLL-A, Attachment tn017g01<br>Resident Advisory Board (RAB) comments and Challenged Elements tn017h01<br>Form HUD-50075.1, <i>Capital Fund Program TN43P01750109 Attachment tn017i01</i><br>Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan Attachment tn017j01</i> |
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**Capital Fund Program—Five-Year Action Plan**

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

| <b>Part I: Summary</b>                              |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| PHA Name/Number: Lebanon Housing Authority<br>TN017 |  | Locality: Lebanon, Wilson County, Tennessee  |  |  | <input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b> |  |
| A.  | Development Number and Name                    | Work Statement for Year 1<br>FFY <u>2010</u> | Work Statement for Year 2<br>FFY <u>2011</u> | Work Statement for Year 3<br>FFY <u>2012</u> | Work Statement for Year 4<br>FFY <u>2013</u>   | Work Statement for Year 5<br>FFY <u>2014</u> |
| B.  | Physical Improvements Subtotal                 | Annual Statement                             | \$390,579.00                                 | \$303,599.00                                 | \$564,033.00   | \$370,000.00                                 |
| C.  | Management Improvements                        |  | \$7,500.00                                   | \$7,500.00                                   | \$7,500.00   | \$7,500.00                                   |
| D.  | PHA-Wide Non-dwelling Structures and Equipment |  | \$10,000.00                                  | \$10,000.00                                  | \$10,000.00  | \$10,000.00                                  |
| E.  | Administration                                 |  | \$25,000.00                                  | \$25,000.00                                  | \$25,000.00  | \$25,000.00                                  |
| F.  | Other  |  | \$90,000.00                                  | \$90,000.00                                  | \$90,000.00  | \$90,000.00                                  |
| G.  | Operations                                     |  |  |  |  |  |
| H.  | Demolition                                     |  |  |  |  |  |
| I.  | Development                                    |  |  |  |  |  |
| J.  | Capital Fund Financing – Debt Service          |  |  |  |  |  |
| K.  | Total CFP Funds                                |  | \$523,070.00                                 | \$436,099.00                                 | \$696,533.00   | \$562,500.00                                 |
| L.  | Total Non-CFP Funds                            |  |  |  |  |  |
| M.  | Grand Total                                    |  | \$523,070.00                                 | \$436,099.00                                 | \$696,533.00   | \$562,500.00                                 |



| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |   |          |                |   |          |                       |
|---|---|----------|----------------|---|----------|-----------------------|
| Work Statement for Year 1 FFY 2010                                  | Work Statement for Year 2014<br>FFY 2013                                |          |                | Work Statement for Year 2015<br>FFY 2014                                |          |                       |
|   | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost        |
| See   | Watertown-010<br>Heating Renovation                                     | 1        | \$141,362.00   | PHA WIDE-<br>Landscaping  | 1        | \$10,000.00           |
| Annual  | Hillcrest Homes-011<br>Heating Renovation                               | 1        | \$265,603.00   | PHA WIDE- Site<br>Improvements  | 1        | \$10,000.00           |
| Statement   | Parkview Court-012<br>Heating Renovation                                | 1        | \$157,068.00   | PHA WIDE- Dwelling<br>Equipment   | 1        | \$10,000.00           |
|   |   |          |                | PHA WIDE-Attic<br>Firewall & Insulation                                 | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Mechanical<br>Renovation                                       | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Exterior<br>Renovation & Add<br>Storage                        | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Porches  | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Guardrails<br>& Handrails                                      | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Sidewalks,<br>Steps & Curbs                                    | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Slab &<br>Foundation Settlement                                | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Security<br>Lights   | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Remodel<br>Unit for Hearing &<br>Visually Impaired             | 1        | \$20,000.00           |
|   |   |          |                | PHA WIDE-Add<br>Carbon Monoxide<br>Detectors                            | 1        | \$20,000.00           |
|   | Subtotal of Estimated Cost  |          | \$564,033.00   | Subtotal of Estimated Cost  |          | Continue on next page |





| <b>Part III: Supporting Pages – Management Needs Work Statement(s)</b> |   |                |   |                |
|--|---|----------------|---|----------------|
| Work Statement for Year 1 FFY _____                                    | Work Statement for Year _____<br>FFY _____                              |                | Work Statement for Year: _____<br>FFY _____                             |                |
|  | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost |
| See  |   |                |   |                |
| Annual Statement   |   |                |   |                |
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|  | Subtotal of Estimated Cost  | \$             | Subtotal of Estimated Cost  | \$             |

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:<br>LEBANON HOUSING AUTHORITY  |  | Grant Type and Number<br>Capital Fund Program Grant No: TN43P01750109 Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                      |                                | FFY of Grant:<br>2009<br>FFY of Grant Approval:<br>2009 |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report |  |   |                      |                                |   |
| Line  | Summary by Development Account   | Total Estimated Cost  |                      | Total Actual Cost <sup>1</sup> |   |
|   |  | Original  | Revised <sup>2</sup> | Obligated                      | Expended  |
| 1   | Total non-CFP Funds  |   |                      |                                |   |
| 2   | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>             |   |                      |                                |   |
| 3   | 1408 Management Improvements   | \$4,500.00  | 0.00                 |                                |   |
| 4   | 1410 Administration (may not exceed 10% of line 21)                      | \$24,042.00   | \$12,859.03          | \$12,859.03                    | \$6,131.53  |
| 5   | 1411 Audit   |   |                      |                                |   |
| 6   | 1415 Liquidated Damages  |   |                      |                                |   |
| 7   | 1430 Fees and Costs  | \$111,056.00  | \$119,533.18         | \$119,533.18                   | \$89,203.13   |
| 8   | 1440 Site Acquisition  |   |                      |                                |   |
| 9   | 1450 Site Improvement  | \$45,794.21   | 0.00                 |                                |   |
| 10  | 1460 Dwelling Structures   | \$393,478.79  | \$447,478.79         | \$447,478.79                   | \$123,500.00  |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                                  | \$1,000.00  | 0.00                 |                                |   |
| 12  | 1470 Non-dwelling Structures   |   |                      |                                |   |
| 13  | 1475 Non-dwelling Equipment  |   |                      |                                |   |
| 14  | 1485 Demolition  |   |                      |                                |   |
| 15  | 1492 Moving to Work Demonstration  |   |                      |                                |   |
| 16  | 1495.1 Relocation Costs  |   |                      |                                |   |
| 17  | 1499 Development Activities <sup>4</sup>                                 |   |                      |                                |   |
| 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)                            | \$579,871.00  | \$579,871.00         | \$579,871.00                   | \$218,834.66  |
| 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                |   |                      |                                |   |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

|   |                                |  |  |  |
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| <b>Part I: Summary</b>  |                                |  |  |  |
| PHA Name:<br>LEBANON HOUSING AUTHORITY  |                                | Grant Type and Number<br>Capital Fund Program Grant No: TN43P01750109<br>Date of CFFP: _____ |  | Replacement Housing Factor Grant No:<br>_____<br>FFY of Grant:<br>2009<br>FFY of Grant Approval:<br>2009 |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report |                                |  |  |  |
| Line  | Summary by Development Account | Total Estimated Cost   |  | Total Actual Cost <sup>1</sup>   |
|   |                                | Original   | Revised <sup>2</sup>                         | Obligated      Expended  |
| Signature of Executive Director    |                                | Date 2/4/10  | Signature of Public Housing Director<br>Date |  |

| Part II: Supporting Pages                      |  |   |          |                      |                      |                               |                             |                |
|--|--|---|----------|----------------------|----------------------|-------------------------------|-----------------------------|----------------|
| PHA Name:<br>LEBANON HOUSING AUTHORITY         |  | Grant Type and Number<br>Capital Fund Program Grant No: TN43P01750109 CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |          |                      |                      | Federal FFY of Grant:<br>2009 |                             |                |
| Development Number<br>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 <sup>1</sup> | Funds Obligated <sup>2</sup>  | Funds Expended <sup>2</sup> |                |
| PHA WIDE                                       | UPCS Inspection                              | 1408  | 1        | 3,500.00             | 0.00                 |                               |                             |                |
| PHA WIDE                                       | Environmental Review                         | 1408  | 1        | 1,000.00             | 0.00                 |                               |                             |                |
| PHA WIDE                                       | Mod. Coordinators Salary                     | 1410  | 1        | 16,560.00            | 12,316.50            | 12,316.50                     | 5,589.00                    |                |
| PHA WIDE                                       | Phone, Travel, Publication                   | 1410  | 1        | 500.00               | 542.53               | 542.53                        | 542.53                      |                |
| PHA WIDE                                       | ED's Proration of Salary                     | 1410  | 1        | 5,500.00             | 0.00                 |                               |                             |                |
| PHA WIDE                                       | Accountant's Proration of Salary             | 1410  | 1        | 1,482.00             | 0.00                 |                               |                             |                |
| PHA WIDE                                       | Construction Supervision                     | 1430  | 1        | 48,137.59            | 44,166.81            | 44,166.81                     | 24,737.36                   |                |
| PHA WIDE                                       | Clerk of the Works Salary                    | 1430  | 1        | 16,560.00            | 12,616.77            | 12,616.77                     | 4,854.27                    |                |
| PHA WIDE                                       | Lead Testing                                 | 1430  | 1        | 1,370.00             | 16,441.10            | 16,441.10                     | 13,303.00                   |                |
| PHA WIDE                                       | Design                                       | 1430  | 1        | 44,988.41            | 46,308.50            | 46,308.50                     | 46,308.50                   |                |
| TN01700001                                     | Dwelling Equipment                           | 1465.1  | 1        | 1,000.00             | 0.00                 |                               |                             |                |
| TN01700001                                     | Dwelling Structures-Windows                  | 1460  | 1        | 1,000.00             | 0.00                 |                               |                             |                |
| TN01700001                                     | Landscaping and Site Word                    | 1450  | 1        | 1,000.00             | 0.00                 |                               |                             |                |
| TN01700001                                     | Fencing                                      | 1450  | 1        | 1,000.00             | 0.00                 |                               |                             |                |
| TN01700001                                     | Reroofing                                    | 1460  | 1        | 142,478.79           | 142,478.79           | 142,478.79                    |                             |                |
| TN01700001                                     | Off Street Parking (5 & 8)                   | 1450  | 1        | 43,794.21            | 0.00                 |                               |                             |                |
| TN01700001                                     | Roofing and Facades Head Homes               | 1460  | 1        | 250,000.00           | 305,000.00           | 305,000.00                    | 123,500.00                  |                |
|  |  |   |          |                      |                      |                               |                             |                |
|  |  |   |          |                      |                      |                               |                             |                |

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



RESIDENT ADVISORY BOARD MEETING

February 3, 2010

No comments from the Board.

There were no challenged elements during the review period or at the Public Hearing on March 25, 2010.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: Lebanon Housing Authority Page 1 of 1

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

|   |   |  |
|---|---|--|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance   | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<br><br>Lebanon Housing Authority<br>Lebanon, TN 37087<br><br>Congressional District, if known:  | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br><br><br>Congressional District, if known:   |  |
| <b>6. Federal Department/Agency:</b><br><br>HUD   | <b>7. Federal Program Name/Description:</b><br><br>PHA Plan<br><br>CFDA Number, if applicable: _____  |  |
| <b>8. Federal Action Number, if known:</b>  | <b>9. Award Amount, if known:</b><br><br>\$   |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br>(if individual, last name, first name, MI):<br><br><br>NONE  | <b>b. Individuals Performing Services</b> (including address if different from No. 10a)<br>(last name, first name, MI):<br><br><br>NONE   |  |
| <b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and 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: _____<br>Print Name: <u>Henry Harding</u><br>Title: <u>Executive Director</u><br>Telephone No.: <u>615-444-1872 ext 121</u> Date: <u>3/25/10</u>                     |  |
| <b>Federal Use Only:</b>  |   | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

LEBANON HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

Low Income Public Housing

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

Henry Harding

Title

Executive Director

Signature



Date (mm/dd/yyyy)

3/25/10

Previous edition is obsolete

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

LEBANON HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

Low Income Public Housing

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

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

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

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

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

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

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

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

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

|                  |                      |                               |               |       |
|------------------|----------------------|-------------------------------|---------------|-------|
| UPTON HEIGHTS    | TN17-001,003,005&008 | Lake Street, Lebanon, TN      | Wilson County | 37087 |
| INMAN COURT      | TN17-002,004,006&009 | Owens Street, Lebanon, TN     | Wilson County | 37087 |
| HEAD HOMES       | TN17-007             | Wheeler Street, Lebanon, TN   | Wilson County | 37087 |
| EASTLAND COURT   | TN17-010A            | Eastland Court, Watertown, TN | Wilson County | 37184 |
| RICEWOOD HEIGHTS | TN17-010B            | Bass Road, Watertown, TN      | Wilson County | 37184 |
| HILLCREST HOMES  | TN17-011             | Hartsville Pike, Lebanon, TN  | Wilson County | 37087 |
| PARKVIEW COURT   | TN17-012             | McGregor Street, Lebanon, TN  | Wilson County | 37087 |

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

Henry Harding

Title

Executive Director

Signature

X



Date

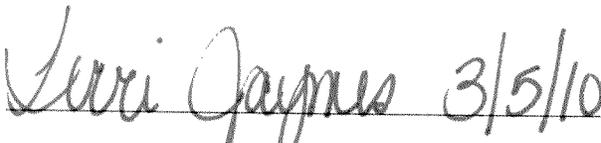
3/25/10

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

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

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

I, Terri Jaynes the Planning Coordinator certify that the Five Year and  
Annual PHA Plan of the Lebanon Housing Authority is consistent with the Consolidated Plan of  
the State of Tennessee prepared pursuant to 24 CFR Part 91.

  
Terri Jaynes 3/5/10

Signed / Dated by Appropriate State or Local Official

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or      Annual PHA Plan for the PHA fiscal year beginning 7/1/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

Lebanon Housing Authority TN017  
 \_\_\_\_\_  
 PHA Name PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2014

Annual PHA Plan for Fiscal Years 20    - 20   

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

|  |                         |
|--|-------------------------|
| Name of Authorized Official<br>David Penuel  | Title<br>Board Chairman |
| Signature<br> | Date<br>3/25/2010       |

# VAWA Policy and Procedures

## VIOLENCE AGAINST WOMEN ACT POLICY

### **Admissions and Occupancy and Termination of Assistance**

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Lebanon Housing Authority to be a basis for denial of assistance, or admission to public housing if the application otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by the Lebanon Housing Authority as serious or repeated violations of the lease or other “good cause” for termination of the assistance, tenancy, or occupancy rights of a victim of abuse.

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 family member of the tenant’s family is the victim or threatened victim of the abuse.

### **Rights of the Lebanon Housing Authority**

The Lebanon Housing Authority may bifurcate a lease, or 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, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant, and 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 HUD’s Public Housing Program.

### **Certification of Abuse and Confidentiality**

The Lebanon Housing Authority will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the Lebanon Housing Authority within 14 business days after the individual receives a request from the Lebanon Housing Authority. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the Lebanon Housing Authority. In lieu of Form HUD 50066, the individual may provide the Lebanon Housing Authority with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical profession from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty or perjury (28 U.S.C. 1746) to the professionals believe that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In

cases where the individual does not submit the required certification, the Lebanon Housing Authority may terminate assistance.

## **Notification to Residents**

The Lebanon Housing Authority will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents' right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence. A sample notice is included with this policy.

## **Confidentiality**

All information provided to the Lebanon Housing Authority relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the Lebanon Housing Authority and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of assistance; or, (c) otherwise required by applicable law.

## **DEFINITIONS**

The following definitions were incorporated into the United States Housing Act and apply to this policy:

**Domestic Violence:** Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitating 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.

**Dating Violence:** Violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

**Stalking:** To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

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

The Lebanon Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk. The Lebanon Housing Authority may request that applicants or residents requesting VAWA protection come to the office to submit information. All information will be kept confidential by the Lebanon Housing Authority and will not be shared or disclosed by the Housing Authority without your consent except as noted in the Confidentiality clause of the VAWA Policy.

## **PROCEDURES**

All applicants and residents at annual re-examination receive a copy of the following statement about the VAWA Policy:

### **LEBANON HOUSING AUTHORITY TENANT NOTICE**

Please read this notice to learn about your rights as a resident of the Lebanon Housing Authority.

The renewed Violence Against Women Act (VAWA) protects victims of domestic violence, dating violence and stalking effective January 5, 2006. These changes affect all persons assisted by the Lebanon Housing Authority.

People may not be denied housing assistance or evicted for being the victim of domestic violence, dating violence or stalking. Lebanon Housing Authority may change a lease so that the victim may stay in a unit when the offender is removed. This law does allow the Lebanon Housing Authority to evict a victim for unrelated criminal activity as long as that tenant is not held to a higher standard than other tenants.

If you believe that you qualify for protection under VAWA, please contact our office. You will be asked to provide proof of your situation by filling out form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the Lebanon Housing Authority's request for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 is on the back of this notice.

The Lebanon Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk, and the Lebanon Housing Authority may ask tenants asking for VAWA protection to come to the office to submit information. All information will be kept confidential by the Lebanon Housing Authority.

For more information on the Violence Against Women Act, please contact our office or see [www.usdoj.gov/ovw/regulations.htm](http://www.usdoj.gov/ovw/regulations.htm).

All applicants and residents at annual re-examination are also required to sign a Notice of VAWA Protections and acknowledge that they have read same. We have all adults, male and female, sign the Notice.

We monitor all police incident reports and make contact with any family that has filed Domestic Dispute charges. We work with the local Home Safe organization and reference them to residents needing their assistance. We have not had any resident request for assistance under the VAWA Policy.