

PHA 5-Year and Annual Plan 2010
Tn026v01

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

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: <u>Etowah Housing Authority</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard PHA Code: <u>TN026</u> PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u> <input type="checkbox"/> HCV (Section 8)																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>136</u> Number of HCV units: <u>122</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 <u>NA</u> <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:																											
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: <u>The mission of the Etowah Housing Authority is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</u>																										
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. <u>FY 2010-2014 GOALS AND OBJECTIVES</u> HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing. <input type="checkbox"/> PHA Goal: Expand the supply of assisted housing Objectives: <input type="checkbox"/> Apply for additional rental vouchers: <input type="checkbox"/> Reduce public housing vacancies: <input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities: <input type="checkbox"/> Acquire or build units or developments <input type="checkbox"/> Other (list below) <input checked="" type="checkbox"/> PHA Goal: <u>Improve the quality of assisted housing</u> Objectives: <input type="checkbox"/> Improve public housing management: (PHAS score) <input type="checkbox"/> Improve voucher management: (SEMAP score) <input type="checkbox"/> Increase customer satisfaction: <input type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) <input checked="" type="checkbox"/> <u>Renovate or modernize public housing units:</u> <input type="checkbox"/> Demolish or dispose of obsolete public housing: <input type="checkbox"/> Provide replacement public housing: <input type="checkbox"/> Provide replacement vouchers: <input type="checkbox"/> Other: (list below) <input checked="" type="checkbox"/> PHA Goal: <u>Increase assisted housing choices</u> Objectives: <input type="checkbox"/> Provide voucher mobility counseling: <input checked="" type="checkbox"/> <u>Conduct outreach efforts to potential voucher landlords</u> <input type="checkbox"/> Increase voucher payment standards <input type="checkbox"/> Implement voucher homeownership program: <input type="checkbox"/> Implement public housing or other homeownership programs: <input type="checkbox"/> Implement public housing site-based waiting lists:																										

- Convert public housing to vouchers:
- Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Increase the number and percentage of employed persons in assisted families:
 - Provide or attract supportive services to improve assistance recipients' employability:
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - Other: (list below)

Other PHA Goals and Objectives: (list below)

PHA Goal: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments.

Objective: Incorporate, when applicable, Energy Star Program qualified products and practices.

VAWA Goals and Objectives:

PHA Goal: VAWA activities, services or programs provided or offered by an agency, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking.

Objective: In elderly care abusive situations, the EHA will call the Adult Protective Services through the Department of Human Services. In the case of women or men in abusive or domestic violence situations, the EHA will have the resident contact the local police department to file a report or to get an order of protection, if needed. The EHA then refers the tenants to The Hope Center, an agency offering support for victims of domestic violence and sexual assault. The Hope Center provides shelter, a crisis hot line, counseling, information and referral, legal and systems advocacy and support groups. The Hope Center also refers their clients to the EHA for housing. Additionally, the EHA requests that individuals certify that they are a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator and any other statutorily required information.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing.

Objective: The EHA makes diligent efforts to counsel tenants relative to their problems and refers them to the appropriate agencies listed above to obtain any necessary counseling. Additionally, the Authority's VAWA Policy permits victims of violence to maintain their current housing while evicting a household member who has engaged in the criminal act of physical violence.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault and stalking or to enhance victim safety in assisted families.

Objective: The EHA's policies are set to promote stability and a secure safe environment for their families. The definition of family is: Two or more persons sharing residency whose income and resources are available to meet the family's needs and who are either related by blood, adoption or marriage and have evidenced a stable family relationship for a minimum of six (6) months. (Includes an adult and foster child or a person living alone during the temporary absence of a family member who will later return and live regularly in the unit of the family.); Single pregnant women with no other family members. However, pregnancy must be verified when it is the sole basis for determining eligibility; An elderly family; The remaining member of a tenant family; A displaced person; and, any other single person who is not 62 years or older, disabled, handicapped or displaced. This allows the EHA to control who legally stays in the apartments. Boyfriends or girlfriends are not allowed to move in and out of apartments, which could lead to violence or domestic violence situations. Domestic violence victims often follow a pattern of allowing the same violent person to come and go in the

	<p>household. When the EHA becomes aware of a violent situation or a potential violent situation, the EHA enforces their Trespass Policy. This allows the EHA to ban anyone from the Etowah Housing Authority property who have made threats of violence or have committed violent crimes. The EHA conducts police checks on all adult applicants which includes any adults applying to be added to a tenant household. They are not added to the lease until their application has been processed and police reports checked.</p> <p>STATEMENT OF PROGRESS IN MEETING GOALS AND OBJECTIVES</p> <p>Objective: Renovate or modernize public housing units: The EHA has continually upgraded its public housing units through the Comprehensive Grant Program as well as the Capital Funds Program. All modernization activities are addressed in accordance with need as well as residents' requests in all developments.</p> <p>Objective: Conduct outreach efforts to potential voucher landlords: The EHA is currently conducting outreach efforts to potential voucher landlords through their Section 8 Program. The outreach effort consists of contacting the potential landlords by telephone and/or mailings notifying them of the availability of voucher recipients.</p> <p>Objective: Increase the number and percentage of employed persons in assisted families: Under the ACOP, the EHA gives preference to working families to help increase the number of employed persons in assisted housing. Additionally, the EHA has rent policies that include "flat rents" which are an incentive for families to work without the burden of paying high rents.</p> <p>Objective: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The EHA continues to operate its public housing program to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability.</p> <p>Objective: Undertake affirmative measures to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability: The EHA continues to operate its public housing and Section 8 programs in order to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. The EHA's operations and management, inspections, maintenance and modernization programs are spread equally among all developments.</p> <p>Objective: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: The EHA's operations and management, inspections, maintenance and modernization programs are spread equally among all developments.</p> <p>Objective: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments: The EHA will incorporate, when applicable, Energy Star Program qualified products and practices when performing rehabilitation, repair and replacement in their public housing developments.</p>
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Financial Resources: The EHA Financial Statement including PHA Operating and Capital Funds, Section 8 Income, Rental Income, Investments etc. change on an annual basis. The EHA maintains this information on file and makes it available for HUD and public review at the EHA Administration Office.</p> <p>Operation and Management: The EHA adopted an ARRA Procurement Policy for implementing the stimulus funds as recommended by HUD. This policy also includes a clause relative to the "Buy American" requirement.</p> <p>Fiscal Year Audit: The EHA's most recent Audit is on file at the EHA Administration Office and is available for HUD and public review.</p> <p>Violence Against Women Act (VAWA): The EHA has completed the required VAWA Policy which is attached along with a description on how the EHA serves the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking.</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>Etowah Housing Authority Administration Office, 400 Sunset Drive, Etowah, Tennessee 37331</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not Applicable: The EHA is not participating in any of the above listed programs.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached Forms HUD 50075.1 for FFY 2010 and all open CFP Grants.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>

	See attached Form HUD 50075.2 for Five-Year CFP.
8.3	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. Not Applicable

9.0

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

The EHA has consulted with the State of Tennessee 2005-2010 Consolidated Plan for Housing and Community Development (developed by the THDA) in an effort to identify specific housing needs. Housing needs data for the EHA and this Agency Plan has also been developed from the 2000 Census and the EHA current public housing waiting list. See tables below:

Family Type	Overall*	Afford-ability	Supply	Quality	Access-ibility	Size	Location
Income <= 30% of AMI	130	3	3	2	1	NA	NA
Income >30% but <=50% of AMI	104	2	2	2	1	NA	NA
Income >50% but <80% of AMI	94	1	2	2	1	NA	NA
Elderly	119	1	2	2	1	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity/White	449	NA	NA	NA	NA	NA	NA
Race/Ethnicity/Black	33	NA	NA	NA	NA	NA	NA
Race/Ethnicity/Hispanic	19	NA	NA	NA	NA	NA	NA
Race/Ethnicity/	NA	NA	NA	NA	NA	NA	NA

*Source: CHAS Data, City of Etowah, Tennessee Jurisdiction Area, 2000 Census

Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total:	86		
Extremely low income <=30% AMI	35	41%	
Very low income(>30% but <=50% AMI)	46	53%	
Low income(>50% but <80% AMI)	5	6%	
Families with children	21	24%	
Elderly families	15	18%	
Families with Disabilities	5	6%	
Race/ethnicity White	81	94%	
Race/ethnicity Black	5	6%	
Race/ethnicity Hispanic	0	0%	
Race/ethnicity Other	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	0	0%	
1 BR	71	82%	
2 BR	10	12%	
3 BR	5	6%	
4 BR	0	0%	
5 BR	0	0%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? NA			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

*Source: Etowah Housing Authority Public Housing Waiting List

Housing Needs of Families on the PHA's Current Waiting List

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total:	157		
Extremely low income <=30% AMI	66	42%	
Very low income(>30% but <=50% AMI)	85	54%	
Low income(>50% but <80% AMI)	6	4%	
Families with children	91	58%	
Elderly families	11	7%	
Families with Disabilities	28	18%	
Race/ethnicity White	143	91%	
Race/ethnicity Black	14	9%	
Race/ethnicity Hispanic	0	0%	
Race/ethnicity Other	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	NA	NA	NA
1 BR	NA	NA	NA
2 BR	NA	NA	NA
3 BR	NA	NA	NA
4 BR	NA	NA	NA
5 BR	NA	NA	NA

Is the waiting list closed (select one)? No Yes

If yes:

How long has it been closed (# of months)? 12

Does the PHA expect to reopen the list in the PHA Plan year? No Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes (Portability)

***Source: Etowah Housing Authority Section 8 Waiting List**

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 EHA will continue its efforts to meet the specific needs of residents with in the jurisdiction of the EHA as identified above. Although the EHA will meet the needs of all of our residents, special emphasis will be directed towards the highest percentage needs such as the provision of smaller size bedroom units (1 & 2 bedroom sizes) for families with children, elderly and individuals with disabilities. In addition, the EHA will continue to employ effective management and maintenance policies to minimize vacancies and turnover time.</p>
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>As discussed in Section 5.2 of this form, the Etowah Housing Authority continues its ongoing efforts to meet the Mission and Goals identified in our most recent 5-Year Agency Plan. The EHA is diligent in providing safe, descent and affordable housing; creating opportunities for our resident’s self-sufficiency and economic independence; and assure fiscal integrity in all public housing programs. Our staff is continually striving to improve our management and service delivery efforts, as well as maintain the physical appearance and function of our dwelling units, grounds and facilities.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>EHA’s definition of “Significant Amendment or Substantial Deviation”:</p> <ol style="list-style-type: none"> 1. Changes to rent or admissions policies or organization of the waiting list. 2. 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. 3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</p>
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> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) ATTACHED</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) NA</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. ATTACHED</p> <p>(g) Challenged Elements NONE</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) ATTACHED</p>

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		Grant Type and Number Capital Fund Program Grant No: TN37P02650110 Replacement Housing Factor Grant No: _____		FFY of Grant: 2010	
PHA Name: Etowah Housing Authority		Date of CFFP: _____		FFY of Grant Approval: 2010	
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:		<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			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 20) ³	10,602			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 20)	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	24,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	130,000			
11	1465.1 Dwelling Equipment—Nonexpendable	16,000			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

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

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

U.S. Department of Housing and Urban Development
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Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P02650110 Replacement Housing Factor Grant No:		Federal FY of Grant: 2010 FFY OF Grant Approval: 2010	
PHA Name: Etowah Housing Authority					
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<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 Cost¹	Obligated	Expended
		Original	Revised²		
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	190,602			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	0			
24	Amount of Line 20 Related to Security – Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			
Signature of Executive Director <i>Carelynn Johnson</i>		Signature of Public Housing Director		Date 7.15.2010	

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

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name: Etowah Housing Authority		Capital Fund Program Grant No: TN37P02650109 Replacement Housing Factor Grant No: _____		2009	
Date of CFFP: _____		Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)		FFY of Grant Approval: 2009	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	39,435	38,000	38,000	38,000
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	24,000	24,000	24,000	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	122,000	123,435	123,435	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

¹ To be completed for the Performance and Evaluation Report
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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		Grant Type and Number		Federal FY of Grant:		
PHA Name: Etowah Housing Authority		Capital Fund Program Grant No: TN37P02650109 Replacement Housing Factor Grant No:		2009 FFY OF Grant Approval: 2009		
Type of Grant		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	185,435	185,435	185,435	185,435	38,000
21	Amount of line 20 Related to LBP Activities	0	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0	0
Signature of Executive Director <i>Carelynn Johnson</i>		Date 7.15.2010		Signature of Public Housing Director		Date

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

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		Grant Type and Number		FFY of Grant:	
PHA Name: Etowah Housing Authority		Capital Fund Program Grant No: TN37S02650109 Replacement Housing Factor Grant No:		ARRA FFY of Grant Approval: 2009	
Date of CFFP: _____		Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
		Performance and Evaluation Report for Period Ending: 03/31/10 <input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	500	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	29,000	16,709	16,709	10,054
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	63,000	87,304	87,304	55,985
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	146,063	134,550	134,550	77,787
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37S02650109 Replacement Housing Factor Grant No:		Federal FY of Grant: ARRA FFY OF Grant Approval: 2009	
PHA Name: Etowah Housing Authority		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Development Account		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹
		Original			Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	238,563	238,563	238,563	143,826
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director 		Signature of Public Housing Director		Date	
				7.15.2010	

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P02650108 Replacement Housing Factor Grant No: Date of CFFP: _____	FFY of Grant: 2008 FFY of Grant Approval: 2008
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated Expended
1	Total non-CFP Funds	0	0 0
2	1406 Operations (may not exceed 20% of line 20) ³	4,468	4,468 4,468
3	1408 Management Improvements	0	0 0
4	1410 Administration (may not exceed 10% of line 20)	0	0 0
5	1411 Audit	0	0 0
6	1415 Liquidated Damages	0	0 0
7	1430 Fees and Costs	24,000	24,000 24,000
8	1440 Site Acquisition	0	0 0
9	1450 Site Improvement	0	0 0
10	1460 Dwelling Structures	0	0 0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0 0
12	1470 Non-dwelling Structures	160,000	160,000 160,000
13	1475 Non-dwelling Equipment	0	0 0
14	1485 Demolition	0	0 0
15	1492 Moving to Work Demonstration	0	0 0
16	1495.1 Relocation Costs	0	0 0
17	1499 Development Activities ⁴	0	0 0

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations
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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		Grant Type and Number Capital Fund Program Grant No: TN37P02650108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008 FFY OF Grant Approval: 2008	
PHA Name: Etowah Housing Authority					
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹	Obligated	Expended
		Original	Revised²		
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	188,486	188,486	188,486	188,486
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director 		Signature of Public Housing Director		Date 7.15.2010	

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

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name: Etowah Housing Authority		Capital Fund Program Grant No: TN37P02650107 Replacement Housing Factor Grant No:		2007	
Date of CFFP: _____				FFY of Grant Approval: 2007	
<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: 03/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 20) ³	26,473		26,473	26,473
3	1408 Management Improvements	0		0	0
4	1410 Administration (may not exceed 10% of line 20)	0		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	24,000		24,000	24,000
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	125,000		125,000	125,000
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	0		0	0
17	1499 Development Activities ⁴	0		0	0

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P02650107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007	
PHA Name: Etowah Housing Authority		<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: 03/31/10 <input type="checkbox"/> Final Performance and Evaluation Report		FFY OF Grant Approval: 2007	
Type of Grant		Total Estimated Cost		Total Actual Cost¹	
Line	Summary by Development Account	Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0		0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0		0	0
19	1502 Contingency (may not exceed 8% of line 20)	0		0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	175,473		175,473	175,473
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security – Soft Costs	0		0	0
24	Amount of Line 20 Related to Security – Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0
Signature of Executive Director <i>Carolyn Johnson</i>		Signature of Public Housing Director		Date 7.15.2010	

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

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Etowah Housing Authority/TN026		Locality (City/County & State) Etowah/McMinn County Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan	Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	150,000	150,000	150,000	150,000
C.	Management Improvements		0	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		0	0	0	0
F.	Other (1430)		24,000	24,000	24,000	24,000
G.	Operations		16,602	16,602	16,602	16,602
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		190,602	190,602	190,602	190,602
L.	Total Non-CFP Funds		0	0	0	0
M.	Grand Total		190,602	190,602	190,602	190,602

**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 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 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.

Etowah Housing Authority
PHA Name

TN026
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 Dean Roberson	Title Board Chairperson
Signature <i>Dean Roberson</i>	Date 6-29-10

Civil Rights Certification

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

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Etowah Housing Authority

TN026

PHA Name

PHA Number/HA Code

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

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Etowah Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

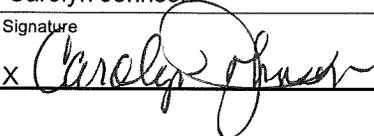
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each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

See Attached List

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 Carolyn Johnson	Title Executive Director
Signature 	Date 7.15.2010

**ETOWAH HOUSING AUTHORITY
DEVELOPMENTS**

TN026-001	Circle Drive	Etowah, Tennessee
TN026-002	North Etowah Heights	Etowah, Tennessee
TN026-004	Hillside Manor	Etowah, Tennessee

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Etowah Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2010 Five Year and Annual Agency Plan

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

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

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

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

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

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

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

Name of Authorized Official Carolyn Johnson	Title Executive Director
Signature 	Date (mm/dd/yyyy) 7.15.2010

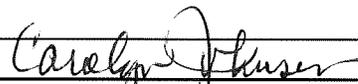
DISCLOSURE OF LOBBYING ACTIVITIES

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.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing b. material change For Material Change Only: year <u>NA</u> quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Etowah Housing Authority 400 Sunset Drive Etowah, Tennessee 37331 Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: NA Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: FFY 2010 Five Year and Annual Agency Plan CFDA Number, if applicable: _____	
8. Federal Action Number, if known: NA	9. Award Amount, if known: \$ 190,602	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> NA	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> NA	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Carolyn Johnson</u> Title: <u>Executive Director</u> Telephone No.: <u>(423) 263-2674</u> Date: <u>7.15.2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Comments of Resident Advisory Board

The Etowah Housing Authority (EHA) conducted its Resident Advisory Board (RAB) Meeting on May 12, 2010 at the EHA Community Room. The purpose of the meeting was to discuss the FY 2010 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the EHA arrived with the information. The Board showed favorable consideration to the FY 2010 PHA Agency Plan and only had comments relative to capital improvements. It was noted that the improvements the RAB would like to see undertaken have been included in the Plan.

ETOWAH HOUSING AUTHORITY

400 Sunset Drive
Etowah, Tennessee 37331

VIOLENCE AGAINST WOMEN ACT PHA POLICY

BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member if the tenant's family is the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "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.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

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 shares a child in common, by a person who is cohabitating with, or has cohabitated 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.

POLICY

The following policy amends the *Admissions and Occupancy Policy (ACOP)* and the Apartment Lease by reference. Appropriate language will be added to the ACOP and Apartment lease at the next revision dates of each.

A copy of this policy is available at the main office of the housing authority. A copy will be made available on request.

Admissions and Occupancy and Termination of Assistance

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Etowah Housing Authority (EHA) 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 EHA 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 Etowah Housing Authority

The EHA 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 EHA 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 EHA within 14 business days after the individual receives a request from the EHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the EHA. In lieu of Form HUD 50066, the individual may provide the EHA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical professional 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 of perjury (28 U.S.C. 1746) to the professionals belief 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 EHA may terminate assistance.

Notification to Residents

The EHA 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

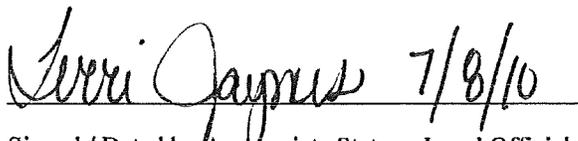
All information provided to the EHA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the EHA and will not be entered into any shared database nor provided to a related 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

**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 Etowah Housing Authority is consistent with the Consolidated Plan of
State of Tennessee prepared pursuant to 24 CFR Part 91.

 7/8/10

Signed / Dated by Appropriate State or Local Official