

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Ripley Housing Authority</u> PHA Code: <u>TN057</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>265</u> Number of HCV units: _____																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">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:					
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<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>A. 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. (select one of the choices below) <input checked="" type="checkbox"/> The mission of the PHA 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.  <b>B. Goals</b> <i>The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.</i>  <b>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</b> PHA Goal: Expand the supply of assisted housing Objectives: <ul style="list-style-type: none"> <li>• Reduce public housing vacancies:</li> </ul> PHA Goal: Improve the quality of assisted housing Objectives: <ul style="list-style-type: none"> <li>• Renovate or modernize public housing units:</li> <li>• Demolish or dispose of obsolete public housing:</li> </ul> <b>HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans</b> PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: <ul style="list-style-type: none"> <li>• Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:</li> </ul>																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Main PHA Office 101 Northcrest Ripley, TN 38063</b>																										
<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> Include statements related to these programs as applicable. <i>N/A</i>																										

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																																																																								
8.1	<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>Attached</b>																																																																								
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>Attached</b>																																																																								
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>N/A</b>																																																																								
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>1. Statement of Housing Needs</b>  [24 CFR Part 903.7 9 (a)]</p> <p><b>A. Housing Needs of Families in the Jurisdiction/s Served by the PHA</b>  Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.</p> <table border="1"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Afford-ability</th> <th>Supply</th> <th>Quality</th> <th>Access-ibility</th> <th>Size</th> <th>Loca-tion</th> </tr> </thead> <tbody> <tr> <td>Income &lt;= 30% of AMI</td> <td>633</td> <td>5</td> <td>5</td> <td>3</td> <td>1</td> <td>3</td> <td>4</td> </tr> <tr> <td>Income &gt;30% but &lt;=50% of AMI</td> <td>233</td> <td>5</td> <td>5</td> <td>3</td> <td>1</td> <td>3</td> <td>4</td> </tr> <tr> <td>Income &gt;50% but &lt;80% of AMI</td> <td>265</td> <td>4</td> <td>5</td> <td>4</td> <td>1</td> <td>3</td> <td>3</td> </tr> <tr> <td>Elderly</td> <td>303</td> <td>5</td> <td>5</td> <td>4</td> <td>3</td> <td>3</td> <td>4</td> </tr> <tr> <td>Families with Disabilities</td> <td>450</td> <td>5</td> <td>5</td> <td>4</td> <td>5</td> <td>3</td> <td>4</td> </tr> <tr> <td>Race/Ethnicity White</td> <td>763</td> <td>5</td> <td>5</td> <td>4</td> <td>1</td> <td>3</td> <td>4</td> </tr> <tr> <td>Race/Ethnicity Black</td> <td>852</td> <td>5</td> <td>5</td> <td>4</td> <td>1</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Housing Needs of Families in the Jurisdiction by Family Type								Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion	Income <= 30% of AMI	633	5	5	3	1	3	4	Income >30% but <=50% of AMI	233	5	5	3	1	3	4	Income >50% but <80% of AMI	265	4	5	4	1	3	3	Elderly	303	5	5	4	3	3	4	Families with Disabilities	450	5	5	4	5	3	4	Race/Ethnicity White	763	5	5	4	1	3	4	Race/Ethnicity Black	852	5	5	4	1	3	4
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9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Need: Shortage of affordable housing for all eligible populations</b></p> <p><b>Strategy – Maximize the number of affordable units available to the PHA within its current resources by:</b></p> <p><b>Reduce time to renovate public housing units.</b></p> <p><b>Need: Specific Family Types: Families at or below 50% of median.</b></p> <p><b>Strategy – Target available assistance to families at or below 50% of AMI.</b></p> <p><b>Employ admissions preferences aimed at families who are working.</b></p>
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**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. **STATEMENT OF PROGRESS IN MEETING THE 5-YEAR PLAN MISSION AND GOALS**

**The mission of the Ripley Housing Authority remains to promote adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination. Our goals are:**

- **To improve the quality of assisted housing by renovating or modernizing public housing units.**
- **To provide an improved living environment by implementing public housing security improvements.**
- **To ensure equal opportunity and affirmatively further fair housing by undertaking 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.**

**We feel that progress is being made to accomplish the mission and goals of our plan. Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.**

**The plans, statements, budget and policies set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the consolidated Plan. We are committed to improving the condition of affordable housing in Ripley. Some highlights of our Annual and Five Year Plan are to continue to renovate and modernize dwelling units at Project TN57-01 in the first year and improve the physical condition of each development throughout the following 5 years.**

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**Definition of Substantial Deviation**

**Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, or objectives of the agency.**

**11.0 Required Submission for HUD Field Office Review.** In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

(a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)

(b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)

(c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)

(d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)

(e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)

(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

**Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

Attached at Attachment (File name)

Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments

List changes below:

Other: (list below)

(g) Challenged Elements

(h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)

(i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

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

## **Instructions form HUD-50075**

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

### **1.0 PHA Information**

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

### **2.0 Inventory**

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

### **3.0 Submission Type**

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

### **4.0 PHA Consortia**

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

### **5.0 Five-Year Plan**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750110 Date of CFFP:			FFY of Grant: <b>2010</b>
					FFY of Grant Approval: _____
Type of Grant <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
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	1410 Administration (may not exceed 10% of line 21)	\$500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$78,200			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$10,000			
10	1460 Dwelling Structures	\$288,239			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$3,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	\$3,000			
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$382,939			
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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.





<b>Part I: Summary</b>					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750110 Date of CFFP: _____		FFY of Grant: <u>2010</u> FFY of Grant Approval:	
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised :	Obligated	Expended
Signature of Executive Director <i>David Soul</i>		Date <i>Sept 28, 2009</i>		Signature of Public Housing Director Date	

<b>Part II: Supporting Pages</b>								
PHA Name: Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750110 CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Publications	1410	1 LS	\$500				
PHA-WIDE	Fees & Costs: A&E Design, Planning, Inspections, Mod. Coordination, LBP Testing, Asbestos Clearance Testing	1430	1 LS	\$78,200				
PHA-WIDE	Site Improvements (Concrete, Handrails Pkg., Site Work)	1450	1 LS	\$10,000				
TN57-02	Bathroom Improvements	1460	18 DU	\$93,000				
TN57-02	Kitchen Renovations	1460	18 DU	\$160,239				
PHA-WIDE	Floor Tile (Asbestos)	1460	14 DU	\$35,000				
PHA-WIDE	Non-Dwelling Improvements	1470	1 LS	\$3,000				
PHA-WIDE	Relocation	1495.1	1 LS	\$3,000				

<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.



<b>Part III: Implementation Schedule</b>					
PHA Name: Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TN43P05750110 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	6/12/11			6/12/13	
TN57-01	6/12/11			6/12/13	

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





<b>Part I: Summary</b>						
PHA Name/Number Ripley Housing Authority TN057		Locality (City/County & State) Ripley, Lauderdale, Tennessee			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number/Name Ripley Housing Authority / TN057	Work Statement For Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	\$313,000	\$318,921	\$311,741	\$344,200
C.	Management Improvements				\$20,000	
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$500	\$500	\$500	\$500
F.	Other		\$75,148	\$69,227	\$56,407	\$43,948
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing- Debt Service					
K.	Total CFP Funds		\$388,648	\$388,648	\$388,648	\$388,648
L.	Non-CFP Funds					
M.	Grand Total					

**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 Ripley Housing Authority TN057		Locality (City/County & State) Ripley, Lauderdale, Tennessee			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number/Name Ripley Housing Authority / TN057	Work Statement For Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing- Debt Service					
K.	Total CFP Funds					
L.	Non-CFP Funds					
M.	Grand Total					



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 II: Supporting Pages—Physical Needs Work Statement (s)</b>						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year: <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE	PHA-WIDE			TN57-01		
ANNUAL STATEMENT	Computer Software	1 LS	\$5,000	Windows / Security Screens	36 DU	\$98,000
	Computer Hardware	1 LS	\$15,000	Porch Dividers	36 DU	\$14,000
	Ext. Building Improvements	1 LS	\$7,000	TN57-02		
	Housing Authority Vehicle	1 LS	\$25,000	Porch Dividers	40 DU	\$15,000
				TN57-05		
				Site Improvements (Security Fencing)	1 LS	\$12,000
				Roofing	2 BLDGS.	\$6,200
				Interior Patching, Painting	15 DU	\$8,000
	TN57-02			Security Screen Doors	30 DU	\$20,000
	Bathroom Improvements	18 DU	\$108,741	Exterior Doors/Frames/Locks	15 DU	\$15,200
	Kitchen Renovations	18 DU	\$151,000	Bathroom Renovations	15 DU	\$30,000
				Kitchen Renovations	15 DU	\$49,500
				Electrical Renovations	15 DU	\$22,000
				Insulation	15 DU	\$14,800
				HVAC Improvements	7 DU	\$25,000
				HA-WIDE		
				Patch Paint	1 LS	\$5,000
				Landscaping	1 LS	\$5,000
				Electronic Meter Reader	1 LS	\$4,500
	Subtotal of Estimated Cost		\$311,741	Subtotal of Estimated Cost		\$344,200





<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750109 Date of CFFP:			FFY of Grant: <b>2009</b>
					FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <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	1410 Administration (may not exceed 10% of line 21)	\$500	\$500		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$78,200	\$78,200		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$27,000	\$10,000		
10	1460 Dwelling Structures	\$265,948	\$282,948		
11	1465.1 Dwelling Equipment—Nonexpendable	\$13,000	\$13,000		
12	1470 Nondwelling Structures	\$3,000	\$3,000		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$1,000	\$1,000		
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$388,648	\$388,648	\$0	\$0
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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.



<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750109 Date of CFFP: _____		FFY of Grant: <u>2009</u> FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
Signature of Executive Director		Signature of Public Housing Director		Date	
	Date			Date	

<b>Part II: Supporting Pages</b>								
PHA Name: Ripley Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750109 CFFP (Yes/No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b> 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Publications	1410	1 LS	\$500	\$500			
PHA-WIDE	AE Services	1430	1 LS	\$33,800	\$33,800			
PHA-WIDE	Construction Administration	1430	1 LS	\$18,900	\$18,900			
PHA-WIDE	Mgmt/Mod. Coordination	1430	1 LS	\$18,000	\$18,000			
PHA-WIDE	PHAP Preparation	1430	1 LS	\$4,500	\$4,500			
PHA-WIDE	Asb./LBP Clearance Testing	1430	1 LS	\$3,000	\$3,000			
PHA-WIDE	Site Improvements (Concrete, Handrails Pkg., Erosion, & Site Work)	1450	1 LS	\$27,000	\$10,000			
PHA-WIDE	Bathroom Renovations	1460	1 LS	\$18,000	\$18,000			
PHA-WIDE	Kitchen Renovations	1460	1 LS	\$22,000	\$22,000			
TN57-01	Floor Tile	1460	10 DU	\$28,078	\$28,078			
TN57-03	Floor Tile (Asbestos)	1460	20 DU	\$61,400	\$61,400			
TN57-03	Windows / Security Screens / Exterior Doors	1460	36 DU	\$106,000	\$136,000			
TN57-06	Exterior Building Improvements	1460	1 LS	\$8,000	\$8,000			
PHA-WIDE	Roofs	1460	23 Bldgs.	\$22,470	\$9,470			
PHA-WIDE	Ranges	1465.1	18 EA	\$6,000	\$6,000			
PHA-WIDE	Refrigerators	1465.1	18 EA	\$7,000	\$7,000			
PHA-WIDE	Non-Dwelling Improvements	1470	1 LS	\$3,000	\$3,000			
PHA-WIDE	Relocation	1495.1	1 LS	\$1,000	\$1,000			

<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.



<b>Part III: Implementation Schedule</b>						
PHA Name: Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TN43P05750109 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-Wide	6/12/10			6/12/12		
TN57-01	6/12/10			6/12/12		
TN57-02	6/12/10			6/12/12		
TN57-03	6/12/10			6/12/12		

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



<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750108 Date of CFFP:			FFY of Grant: <b>2008</b>
					FFY of Grant Approval: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <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	1410 Administration (may not exceed 10% of line 21)	\$500	\$500		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$76,200	\$76,100	\$12,000	
8	1440 Site Acquisition				
9	1450 Site Improvement	\$35,000	\$20,000	\$1,099.78	
10	1460 Dwelling Structures	\$248,717	\$241,992	\$102,537.20	\$7,424.40
11	1465.1 Dwelling Equipment—Nonexpendable	\$14,000	\$14,056	\$14,056	
12	1470 Nondwelling Structures	\$2,231	\$35,000	\$15,698.96	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	\$1,000	\$1,000		
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency	\$11,000			
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$388,648	\$388,648	\$145,391.94	\$7,424.40
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 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.



<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750108 Date of CFFP: _____		FFY of Grant: <u>2008</u> FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
Signature of Executive Director _____		Signature of Public Housing Director _____		Date _____	
				Date _____	

<b>Part II: Supporting Pages</b>								
PHA Name: Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750108 CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Publications	1410	1 LS	\$500	\$500			Pending
PHA-WIDE	AE Services	1430	1 LS	\$31,800	\$24,200			In Process
PHA-WIDE	Construction Administration	1430	1 LS	\$18,900	\$18,900			In Process
PHA-WIDE	Mgmt/Mod. Coordination	1430	1 LS	\$18,000	\$18,000			In Process
PHA-WIDE	PHAP Preparation	1430	1 LS	\$4,500	\$4,500	\$4,500		In Process
PHA-WIDE	Asb./LBP Clearance Testing	1430	1 LS	\$3,000	\$3,000			In Process
PHA-WIDE	Environmental Review Record	1430	1 LS		\$7,500	\$7,500		In Process
PHA-WIDE	Site Improvements (Concrete & Cleanouts, Parking, Site Work)	1450	1 LS	\$35,000	\$20,000	\$1,099.78		In Process
TN57-03	Ext. Bldg. Improvements (LBP)	1460	40 DU	\$72,097	\$98,000			In Process
TN57-01	Floor Tile	1460	8 DU	\$21,750	\$9,509.20			In Process
TN57-03	Floor Tile (Asbestos)	1460	20 DU	\$60,400	\$10,400	\$7,424.40	\$7,424.40	In Process
TN57-05	Floor Tile/Carpet Replacement	1460	1 LS	\$12,000	\$2,000			In Process
PHA-WIDE	Roofs	1460	12 DU	\$22,470	\$2,470			In Process
TN57-03	Gutters, Downspouts, Splash Blocks	1460	84 Bldgs.	\$60,000	\$24,500			In Process
TN057-06	Kitchen, Bath, Floors, Ceilings, Electrical, Interior Repairs	1460	1 LS		\$95,112.80	\$95,112.80		In Process
PHA-WIDE	Ranges	1465.1	18 EA	\$7,000	\$7,056	\$7,056		In Process
PHA-WIDE	Refrigerators	1465.1	18 EA	\$7,000	\$7,000	\$7,000		In Process
PHA-WIDE	Non-Dwelling Improvements	1470	1 LS	\$2,231	\$35,000	\$15,698.96		In Process
PHA-WIDE	Relocation	1495.1	1 LS	\$1,000	\$1,000			In Process
PHA-WIDE	Contingency	1502	1 LS	\$11,000				Not Used

<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.



<b>Part III: Implementation Schedule</b>					
PHA Name: Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TN43P05750108 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	6/12/10			6/12/12	
TN57-01	6/12/10			6/12/12	
TN57-03	6/12/10			6/12/12	
TN57-05	6/12/10			6/12/12	
TN57-06	6/12/10			6/12/12	

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



<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750107 Date of CFFP:		FFY of Grant: <b>2007</b> FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <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	1410 Administration (may not exceed 10% of line 21)	\$500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$92,950	\$72,300	\$72,300	\$67,800
8	1440 Site Acquisition				
9	1450 Site Improvement	\$28,897	\$28,245.51	\$28,245.51	\$28,245.51
10	1460 Dwelling Structures	\$252,970	\$286,871.49	\$286,871.49	\$115,732.80
11	1465.1 Dwelling Equipment—Nonexpendable	\$11,100			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$1,000			
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$387,417	\$387,417	\$387,417	\$211,778.31
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 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.



<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750107 Date of CFFP: _____		FFY of Grant: <u>2007</u> FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
Signature of Executive Director _____			Signature of Public Housing Director _____		
Date _____			Date _____		

<b>Part II: Supporting Pages</b>								
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750107 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Publications	1410	1 LS	\$500				Not Used
PHA-WIDE	AE Design	1430	1 LS	\$30,900	\$30,900	\$30,900	\$30,900	Complete
PHA-WIDE	Construction Administration	1430	1 LS	\$18,900	\$18,900	\$18,900	\$18,900	Complete
PHA-WIDE	Clerk of the Works	1430	1 LS	\$12,100				Not Used
PHA-WIDE	Mgmt/Mod. Coordination	1430	1 LS	\$18,000	\$18,000	\$18,000	\$18,000	Complete
PHA-WIDE	PHAP Preparation	1430	1 LS	\$4,500	\$4,500	\$4,500		Complete
PHA-WIDE	Asb. Clearance Testing	1430	1 LS	\$2,500				Not Used
PHA-WIDE	Appraisal Fees	1430	1 LS	\$6,050				Not Used
PHA-WIDE	Site Improvements (Walks & Handrails Pkg.)	1450	1 LS	\$25,697	\$28,245.51	\$28,245.51	\$28,245.51	In Process
TN57-05	Exterior Lighting	1450	1 LS	\$3,200				Not Used
TN57-01	0 BR Conversions	1460	8 DU	\$120,000				Not Used
TN57-01	Roofs	1460	12 DU	\$22,470				Not Used
TN57-01	Gutters, Downspouts, Splash Blocks	1460	36 DU	\$18,000				Not Used
TN57-02	0 BR Conversions	1460	4 DU	\$60,000				Not Used
TN57-05	Floor Tile / Carpet	1460	10 DU	\$32,500	\$11,850	\$11,850	\$11,850	Complete
TN57-06	HVAC, Windows, Interior Renovations	1460	1 LS		\$271,242.49	\$271,242.49	\$100,103.80	Fung'd fm yr 5
TN57-06	Change Order 1	1460	1 LS		\$3,779	\$3,779	\$3,779	In Process
PHA-WIDE	Ranges	1465.1	15 EA	\$4,350				Not Used
PHA-WIDE	Refrigerators	1465.1	15 EA	\$6,750				Not Used
PHA-WIDE	Relocation	1495.1	1 LS	\$1,000				Not Used

<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.



<b>Part III: Implementation Schedule</b>					
PHA Name: Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TN43P05750107 Replacement Housing Factor No:			<b>Federal FY of Grant: 2007</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	8/18/09			8/18/11	
TN57-01	8/18/09			8/18/11	
TN57-02	8/18/09			8/18/11	
TN57-05	8/18/09			8/18/11	
TN57-06	8/18/09			8/18/11	

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



<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43S05750109 Date of CFFP:		<b>FFY of Grant:</b> <b>2009</b> <b>FFY of Grant Approval:</b>	
Type of Grant <input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 6/30/09</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
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	1410 Administration (may not exceed 10% of line 21)	\$500	\$500		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$30,600	\$30,600	\$30,600	\$27,510
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$460,851	\$460,851		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling 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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$491,951	\$491,951	\$30,600	\$27,510
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 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.



<b>Part I: Summary</b>					
<b>PHA Name:</b> Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05750109 Date of CFFP: _____		FFY of Grant: <u>2009</u> FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
Signature of Executive Director		Signature of Public Housing Director		Date	
	Date			Date	





<b>Part III: Implementation Schedule</b>						
PHA Name: Ripley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TN43P05750109 Replacement Housing Factor No:			<b>Federal FY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA-WIDE	3/18/10		3/18/12			
TN057000001 (TN57-2)	3/18/10		3/18/12			
TN057000001 (TN57-4)	3/18/10		3/18/12			
TN057000001 (TN57-5)	3/18/10		3/18/12			
TN057000001 (TN57-6)	3/18/10		3/18/12			

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

