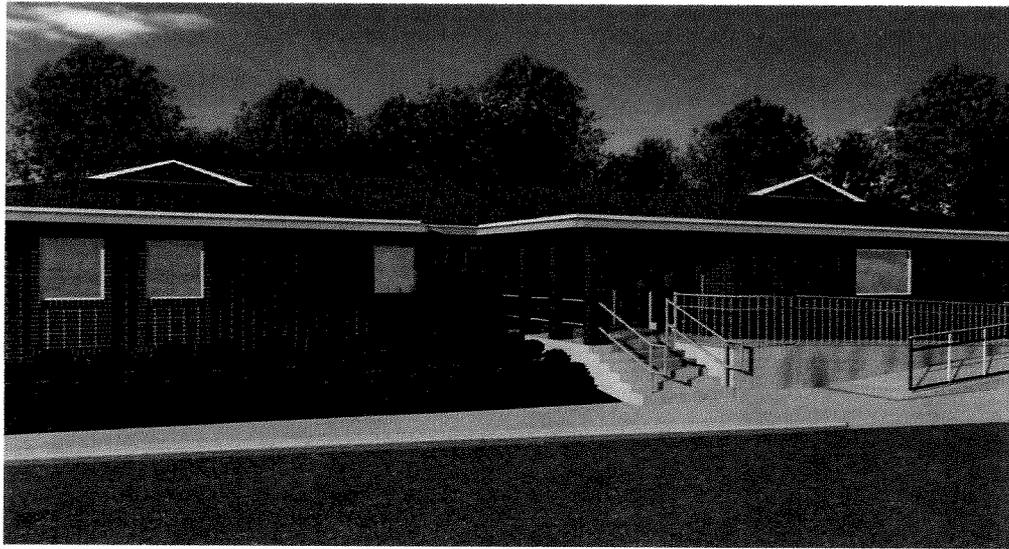

Loudon Housing Authority



AGENCY PLAN FFY 2010

Submitted to HUD
March 17, 2010

Prepared by: **MICHAEL BRADY INC.**
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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. Attached TN37-P064-501-08 P & E Report, date ending 12/31/2009 TN37-P064-501-09 P & E Report, date ending 12/31/2009 TN37-S064-501-09 P & E Report, date ending 12/31/2009 TN37-P064-501-10 Annual Statement</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. Attached</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Attached</p>

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>Loudon Housing Authority (LHA) employs effective maintenance and management policies to minimize the number of units off-line, reduce turnover time of vacancies, providing maximum number of units available to house those in need.</p> <ol style="list-style-type: none"> 1. Maximize the number of affordable units available by employing effective maintenance and management policies to minimize the number of units off-line, reducing turnover time, and renovation time. 2. Carry out modifications needed based on Section 504 Needs Assessment which includes reasonable accommodation. 3. These strategies were influenced by: <ul style="list-style-type: none"> • The Economy • Funding constraints • Staffing constraints • Limited availability of sites for assisted housing • Extent to which particular housing needs are met by other organizations in the community • Local housing market • Results of consultation with residents
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10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Loudon Housing Authority has maintained high-performer status by continuing to keep vacancies at a minimum. Our waiting list is long and we have in-house procedures in place to make ready and re-occupy units very quickly. Through using capital fund resources and good preventative maintenance we provide a good living environment for our residents. Our management practices are very effective in meeting the needs of our residents. Cooperation with the community has provided our residents an enhanced quality of life and self-sufficiency.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Definition of "Substantial Deviation" and "Significant Amendment or Modification".</p> <p>The following are considered to be significant amendments or modifications:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list. • Additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement Reserve funds under the Capital Fund. • Additions of new activities not included in the current PHDEP Plan (if applicable). • Any change with regard to demolition or disposition, designation, homeownership programs or conversions 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; such changes will not be considered significant amendments by HUD.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <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)</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 Attached</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>
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6.1 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures

PUBLIC HOUSING

Eligibility

Eligibility for admission is verified prior to being placed on the waiting list. The following non-income screening factors are used to establish eligibility for admission to public housing:

- Criminal or drug-related activity
- Rental history
- Housekeeping
- Credit history

Waiting List

Loudon Housing Authority (LHA) has a community-wide waiting list. Interested persons may apply for admission at the main administrative office.

Admissions Preferences

LHA plans not to exceed the federal targeting requirements by targeting more than 40% of all new admission to public housing to families at or below 30% of median area income.

The following preferences are used:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is >50% of income)

Occupancy

The following reference materials can be used to obtain information about the rules of occupancy of public housing:

- The PHA-resident lease
- The PHA's Admissions and Continued Occupancy Policy
- PHA briefing seminars or written materials and documents
- Schedule of Maintenance Charges

Deconcentration and Income Mixing

The Loudon Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

- A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.
- B. Income Mixing: Prior to the beginning of each fiscal year the LHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The LHA will strive to insure that no individual development has a concentration of higher or lower income families. The LHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The LHA will affirmatively market public housing to all eligible income groups. If necessary, the LHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.

6.2 Financial Resources

The LHA expects to expend approximately **\$844,030.00** in the year 2010 for operations, capital improvements and administrative costs.

6.3 Rent Determination

PUBLIC HOUSING

LHA employs discretionary policies for determining income-based rent by having a minimum rent of \$50.00.

LHA uses HUD's required minimum rent hardship exemptions.

6.3 Rent Determination (Cont.)

Ceiling Rents

The LHA has ceiling rents

Rent Re-Determinations

If the family elected income-based rent, they must report any time there is a change in family composition that affects family income and anytime there is a new source of income by any household member.

Flat Rents

LHA established flat rents by using:

- Survey of rents listed in local newspapers
- Survey of similar unassisted units in the neighborhood

6.4 Operation and Management

Organizational Chart attached.

6.5 Grievance Procedures

The LHA has revised its Grievance Procedure to comply with the QHWRA and will continue to make revisions as additional issues are addressed by HUD regulations.

6.6 Designated Housing for Elderly and Disabled Families

The LHA plans to maintain the current elderly/disabled designation that applies to a portion of their units. The LHA has no plans to designate additional units at this time.

6.7 Community Service and Self-Sufficiency

The LHA has developed a Community Service Program that is in compliance with HUD requirements.

The LHA has adopted policy changes necessary to be in compliance with QHWRA and will update as information dictates.

6.8 Safety and Crime Prevention

The LHA will work closely with the police in all communities to take care of any problem, as it arises.

6.9 Pet Policy

The LHA has a policy related to tenant-owned pets. This policy permits all LHA residents to own pets as mandated by the QHWRA through regulations published in the Federal Register on July 10, 2000 and is subject to compliance with specific requirements of LHA's pet lease, which is available at the PHA Main Administrative Office.

6.10 Civil Rights Certification

HUD-50077 (Attached).

6.11 Fiscal Year Audit

The LHA's most recent audit is on file at the HUD Field Office in Nashville, Tennessee and is available for review at the main housing authority office during normal business hours.

6.12 Asset Management

It is the goal of the LHA to manage our assets (physical property, financial resources and manpower) as efficiently as possible.

6.13 Violence Against Women Act (VAWA)

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

6.13 Violence Against Women Act (Cont.)

meet the local PHA's definition of "family";
be income eligible;
have a least one family member who is a U.S. Citizen or has eligible immigration status;
pass criminal background screening;
have no outstanding debt to the PHA; and
meet all other local PHA screening criteria.

Loudon Housing Authority gives preference to applicants who are victims of domestic violence. The PHA requests that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA to terminate your assistance for other criminal activity or good cause.

In processing a request by a victim for continued assistance, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meet the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested information within 14 business days, your assistance may be terminated.

Any information provided pursuant to the Violence Against Women Act shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

It is in the best interest of any victim of domestic violence, dating violence or stalking to report the incident to the PHA and complete form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking or provide approved documentation in lieu of the certification.

If you have any questions about the Violence Against Women Act, please contact the administration office at 458-2061.

A copy of this document will be explained to each household on move-in and maintained in the residents file as proof of notification.

Signature of Resident
Date

Signature of Witness

Loudon Housing Authority Board
of Commissioners

Executive Director

Administrative Staff

Maintenance Staff

Director of Housing

Maintenance Mechanic
Working Supervisor

Resident Service
Coordinator/Office Aide

Maintenance Mechanics

9.0 Strategy for Addressing Housing Needs

Housing Needs of Families on the Waiting List			
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	77		
Extremely low income <=30% AMI	58	75	
Very low income (>30% but <=50% AMI)	14	18	
Low income (>50% but <80% AMI)	5	6	
Families with children	39	51	
Elderly families	25	32	
Families with Disabilities	3	4	
Race/ethnicity (W)	74	96	
Race/ethnicity (B)	3	4	
Race/ethnicity (H)	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	32	42	
2 BR	31	40	
3 BR	14	18	
4 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)? 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			

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

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

Part I: Summary						
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00				
3	1408 Management Improvements	32,000.00				
4	1410 Administration (may not exceed 10% of line 21)	1,000.00				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	7,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	5,000.00				
10	1460 Dwelling Structures	135,260.00				
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	186,260.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director Lori Everett			Date 03/17/2010	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.

Part II: Supporting Pages								
PHA Name: Loudon Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations	1406	LS	1,000.00				
	Community Cares	1408	1 position	9,000.00				
	Part-time Worker	1408	1 position	22,000.00				
	Computer Upgrade	1408	LS	1,000.00				
	Advertising	1410	LS	1,000.00				
	Agency Plan Update	1430	1	1,000.00				
	Environmental Review	1430	1	1,000.00				
	Annual Inspections	1430	LS	2,000.00				
	A/E Fees	1430	LS	3,000.00				
	Sidewalk Repair	1450	LS	5,000.00				
	Repair drain lines	1460	As needed	1,000.00				
	Appliances	1465.1	LS	5,000.00				

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Loudon Housing Authority				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	09/14/2012		09/14/2014		
TN64-002	09/14/2012		09/14/2014		
TN64-003	09/14/2012		09/14/2014		

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

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 Loudon HA TN-64			Locality (City/County & State) Loudon/Loudon/Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	1,000.00	132,260.00	97,260.00	123,260.00
C.	Management Improvements		36,000.00	36,000.00	36,000.00	36,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		133,260.00	1,000.00	37,000.00	1,000.00
E.	Administration		1,000.00	1,000.00	1,000.00	1,000.00
F.	Other		14,000.00	15,000.00	14,000.00	24,000.00
G.	Operations		1,000.00	1,000.00	1,000.00	1,000.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing -- Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		186,260	186,260	186,260	186,260
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		186,260.00	186,260.00	186,260.00	186,260.00

Part I: Summary (Continuation)						
PHA Name/Number Loudon HA TN-64		Locality (City/county & State) Loudon/Loudon/Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
		Annual Statement				
	PHA-WIDE		54,000	55,000	89,000	64,000
	TN64-002		0	25,000	50,000	25,000
	TN64-003		132,260	106,260	47,260	97,260
	CFP Funds Listed for 5-year planning		186,260	186,260	186,260	186,260

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year: 2 FFY 2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	PHA-Wide			PHA-Wide		
Annual	Repair Drain Lines	LS	1,000	Repair Drain Lines	LS	1,000
Statement		Subtotal	1,000		Subtotal	1,000
	TN64-002			TN64-002		
	No work this year		0	Repair Site Drainage Problems	LS	20,000
				Shutters	LS	5,000
		Subtotal	0		Subtotal	25,000
	TN64-003			TN64-003		
	Community Room Renovations	LS	132,260	Exterior Renovations	LS	12,060
				Foundation Doors w/insulation	LS	5,000
				Replace sliding glass doors	LS	5,000
				Roofing	LS	64,000
				Replace vertical posts at decks	LS	20,200
		Subtotal	132,260		Subtotal	106,260
	Subtotal of Estimated Cost		\$133,260	Subtotal of Estimated Cost		\$132,260

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2010	Work Statement for Year: 4 FFY 2013			Work Statement for Year: 5 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	PHA-WIDE			PHA-WIDE		
	Repair Drain Lines	LS	1,000	Repair Drain Lines	LS	1,000
		Subtotal	1,000		Subtotal	1,000
	TN64-002			TN64-002		
	Handrails (second set)	LS	15,000	Additional parking	LS	25,000
	Sidewalk repair/replace	LS	5,000			
	Roofing	LS	30,000			
		Subtotal	50,000		Subtotal	25,000
	TN64-003			TN64-003		
	Exterior Renovations	LS	14,060	HVAC Replacement	LS	97,260
	Kitchen Renovations	LS	10,000			
	Fencing	LS	5,000			
	Handicapped accessible Tot Lot	LS	5,000			
	Remove rip-rap; tile and pave	LS	12,200			
	Security cameras	LS	1,000			
		Subtotal	47,260		Subtotal	97,260
	Subtotal of Estimated Cost		\$98,260	Subtotal of Estimated Cost		\$123,260

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-P064-501-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<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: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1,000.00	3,620.73	3,620.73	3399.91
3	1408 Management Improvements	29,256.50	29,256.50	29,256.50	29,256.50
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,996.00	12,096.00	12,096.00	12,096.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00	5,000.00	5,000.00	4,950.00
10	1460 Dwelling Structures	133,609.50	131,888.77	131,888.77	131,888.77
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	5,000.00	5,000.00	4,965.25
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	186,862.00	186,862.00	186,862.00	186,556.43
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	LS	1,000.00	3,620.73	3,620.73	3399.91	In Progress
	VISTA Worker (Defer)	1408	1 position	13,000.00	0.00	0.00	0.00	Deferred
	Community Cares	1408	1 position	9,000.00	9,000.00	9,000.00	9,000.00	Completed
	Part-time worker	1408	1 position	20,256.50	20,256.50	20,256.50	20,256.50	Completed
	Agency Plan Update	1430	LS	1,000.00	1,000.00	1,000.00	1,000.00	Completed
	Environmental Review	1430	LS	1,000.00	1,000.00	1,000.00	1,000.00	Completed
	Annual Inspections	1430	LS	996.00	996.00	996.00	996.00	Completed
	A/E Fees	1430	LS	10,000.00	9,100.00	9,100.00	9,100.00	Completed
	Sidewalk repair	1450	LS	5,000.00	5,000.00	5,000.00	4,950.00	In Progress
	*Appliances	1465.1	LS	5,000.00	5,000.00	5,000.00	4,965.25	In Progress
TN64-002	Main water cut-off (Defer)	1450	LS	0.00	0.00	0.00	0.00	Deferred
	Replace windows and window sills	1460	50 units	133,609.50	119,638.77	119,638.77	119,638.77	Completed
TN64—3	Paint site light poles (Defer)	1450	27	0.00	0.00	0.00	0.00	Deferred
	**Unit repairs – 139 Dogwood Lane	1460	1	0.00	12,250.00	12,250.00	12,250.00	Completed

* Work item from approved 501-07 (Fungibility)

**Emergency item – unit taken off-line due to unreported damage by the resident – repairs necessary for re-occupancy.

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

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

Part I: Summary						
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:A) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00	1,000.00	1,000.00	0.00	
3	1408 Management Improvements	32,000.00	32,000.00	0.00	0.00	
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	1,000.00	0.00	0.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	7,000.00	7,000.00	7,000.00	0.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	61,842.00	61,842.00	0.00	0.00	
10	1460 Dwelling Structures	78,418.00	78,418.00	59,000.00	6,332.00	
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	5,000.00	0.00	0.00	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Loudon Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: A)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	186,260.00	186,260.00	6,700.00	6,332.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 03/17/2010		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.

Part II: Supporting Pages								
PHA Name: Loudon Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 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 ¹	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations	1406	LS	1,000.00	1,000.00	1,000.00	0.00	No work
	Community Cares	1408	1 position	9,000.00	9,000.00	0.00	0.00	No work
	Part-time Worker	1408	1 position	22,000.00	22,000.00	0.00	0.00	No work
	Computer Upgrade	1408	LS	1,000.00	1,000.00	0.00	0.00	No work
	Advertising	1410	LS	1,000.00	1,000.00	0.00	0.00	No work
	Agency Plan Update	1430	1	1,000.00	1,000.00	1,000.00	0.00	No work
	Environmental Review	1430	1	1,000.00	1,000.00	1,000.00	0.00	No work
	Annual Inspections	1430	LS	2,000.00	2,000.00	2,000.00	0.00	No work
	A/E Fees	1430	LS	3,000.00	3,000.00	3,000.00	0.00	No work
	Sidewalk Repair	1450	LS	5,000.00	5,000.00	0.00	0.00	No work
	Signage	1450	LS	16,842.00	16,842.00	0.00	0.00	No work
	Appliances	1465.1	LS	5,000.00	5,000.00	0.00	0.00	No work

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Loudon Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 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 ¹	Funds Obligated ²	Funds Expended ²	
TN64-002	HVAC – including removal of whole house fans; insulate, put blank cover on switch	1460	LS	40,000.00	30,000.00	30,000.00	0.00	No work
	Replace disconnect & meter center	1460	LS	19,000.00	10,000.00	10,000.00	0.00	No work
TN64-003	Replace site light poles	1450	27	40,000.00	40,000.00	0.00	0.00	No work
	Replace range hood exhaust vent on roof – 3 bedroom; wall – 2 bedroom	1460	LS	19,418.00	19,418.00	0.00	0.00	No work
	*HVAC Replacement	1460	LS	0.00	19,000.00	19,000.00	6,332.00	In Progress

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

² To be completed for the Performance and Evaluation Report.

*Emergency Item – Due to the age of equipment it is more cost effective to replace HVAC than to repair. Replacement equipment is more energy efficient.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Loudon Housing Authority				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide	09/14/2011		09/14/2013		
TN64-002	09/14/2011		09/14/2013		
TN64-003	09/14/2011		09/14/2013		

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

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

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

Part I: Summary		
PHA Name: Loudon Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-S064-501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: A)
 Performance and Evaluation Report for Period Ending: 12/31/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		14,700.00	14,700.00	10,762.50
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	236,530.00	221,830.00	221,830.00	54,177.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Loudon Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-SO64-501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: A)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	236,530.00	236,530.00	236,530.00	64,939.80
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 03/17/2010		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.

**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 07/2010, 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.

LOUDON HOUSING AUTHORITY

TN064

PHA Name

PHA Number/HA Code

x _____ 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 Hamill Carey	Title Board Chairman
Signature 	Date March 17, 2010

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.

LOUDON HOUSING AUTHORITY

TN064

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	Hamill Carey	Title	Board Chairman
Signature			Date
			03/17/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name
Loudon Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

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.)

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)

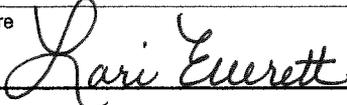
Name of Authorized Official

Lori Everett

Title

Executive Director

Signature

X 

Date

March 17, 2010

**LOUDON HOUSING AUTHORITY
FY2010
AGENCY PLAN CERTIFICATIONS
ATTACHMENT TO HUD-50070**

PROJECT	STREET NAMES(S)	CITY	COUNTY	STATE	ZIP CODE
TN64-002	PATHKILLER TRAIL HACKBERRY STREET	LOUDON	LOUDON	TN	37774
TN64-003	CREEKWOOD CIRCLE ELM LANE MAPLE LANE WILLOW COURT	LOUDON	LOUDON	TN	37774

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Loudon Housing Authority

Program/Activity Receiving Federal Grant Funding

2010 Capital Fund Program

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

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

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

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

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

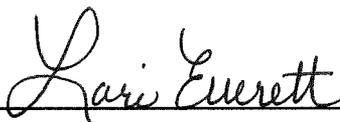
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Name of Authorized Official

Lori Everett

Signature



Title

Executive Director

Date (mm/dd/yyyy)

03/17/2010

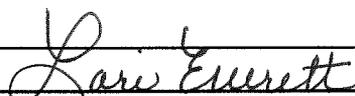
DISCLOSURE OF LOBBYING ACTIVITIES

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 type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input checked="" type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Loudon Housing Authority P O Box 425 Loudon, TN 37774 Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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>Lori Everett</u> Title: <u>Executive Director</u> Telephone No.: <u>865/458-2061</u> Date: <u>03/17/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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

Terri Jaynes 3/5/10

Signed / Dated by Appropriate State or Local Official

**RESIDENT ADVISORY BOARD MEETING TO RECEIVE COMMENTS ON
FY2010 AGENCY PLAN
Loudon Housing Authority (LHA)
February 10, 2010
1:00 p.m.**

No residents came to this meeting. Lori Everett, Executive Director, was present, as was Marie Sheddan, Michael Brady, Inc.

There were no written comments submitted.

The meeting was adjourned.

FORT HILL
ACRES

LOUDON HOUSING AUTHORITY

P.O. BOX 425 LOUDON, TENNESSEE 37774

(865) 458-2061 FAX (865) 458-6162

CREEKWOOD
HOMES

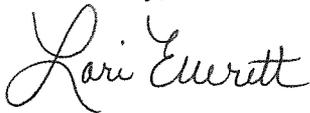
LORI EVERETT, EXECUTIVE DIRECTOR

March 17, 2010

To whom it may concern:

This letter is to inform you that there were no challenged elements of the Five Year and Annual Plan (2010-2014) for Loudon Housing Authority.

Sincerely,



Lori Everett
Executive Director