

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Bangs</u> PHA Code: <u>TX235</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>60</u> Number of HCV units: _____				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: 1) Promote adequate and affordable housing 2) Promote economic opportunity 3) Promote a suitable living environment without discrimination				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. 1) Improve the quality of assisted housing 2) Modernize units to improve marketability, add handicapped accessibility, and improve customer satisfaction 3) Increase customer satisfaction: Solicit resident's comments and suggestions regarding services provided 4) Improve community quality of life and economic vitality 5) Promote self-sufficiency and asset development of families and individuals 6) Ensure Equal Opportunity in Housing for all Americans including equal housing opportunities and resident rights				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None of the Housing Authority of the City of Bangs PHA Annual Plan Elements have been revised 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. Bangs Housing Authority office is located at 406 E. Spencer, Bangs, Texas 76823.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	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.				
8.2	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.				

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.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The PHA has based its statement of needs of families, elderly, and disabled on the waiting list on the needs expressed in the consolidated plan and the activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the consolidated plan.</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> <ol style="list-style-type: none"> 1) Promote adequate affordable housing, economic opportunities, and suitable living environment without discrimination. 2) Utilize effective maintenance and management policies to minimize the number of public housing units offline 3) Reduce turnover time for vacated public housing units 4) Reduce time to renovate public housing units 5) Adopt policies to support and encourage work
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>Bangs Housing Authority continues efforts to improve physical conditions with ongoing efforts toward the goal of more energy efficient units. In addition, our staff has received training on the latest regulations and continues to review and/or update policies regularly.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <ol style="list-style-type: none"> a. Substantial Deviation from the 5-Year Plan: Any change to the Mission statement such as: 50% deletion from or addition to the goals and objectives as a whole. 50% or more decrease in the quantifiable measurement of any individual goal or objective. b. Significant Amendment or Modification to the Annual Plan 50% variance in the funds projected in the Capital Fund Program Annual Statement Any increase of decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program Annual Statement Any change in a policy or procedure that requires a regulatory 30 day posting Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition. <p>Bangs Housing Authority had no significant amendments of deviations/modifications.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

PART I: SUMMARY

PHA Name/Number Bangs/TX235		Locality Bangs, Brown, Texas				<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	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	51,446	51,446	51,446	51,446	
C.	Management Improvements		5,000	5,000	5,000	5,000	
D.	PHA-Wide Non-dwelling Structures and Equipment		5,000	5,000	5,000	5,000	
E	ADMINISTRATION						
F.	Other						
G.	Operations		15,000	15,000	15,000	15,000	
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total		76,446	76,446	76,446	76,446	

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: Bangs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX21P23550110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 10/2010 FFY of Grant Approval: 10/2010	
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	15,000				
3	1408 Management Improvements	5,000				
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	10,000				
10	1460 Dwelling Structures	41,446				
11	1465.1 Dwelling Equipment—Nonexpendable	5,000				
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.

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: Bangs Housing Authority	Grant Type and Number Capital Fund Program Grant No: TX21P23550110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:10/2010 FFY of Grant Approval: 10/2010			
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)	76,446			
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 07/13/2010		Signature of Public Housing Director	
				Date	

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
 Expires 4/30/2011

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part I: Summary					
PHA Name: Bangs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX21P23550108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 10/2008 FFY of Grant Approval: 10/2008
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: 03/31/2010 <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	25,000.00	25,000.00	25,000.00	25,000.00
3	1408 Management Improvements	5,000.00	4,868.40	4,868.40	4,868.40
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00	4,800.00	4,800.00	4,800.00
10	1460 Dwelling Structures	42,938.00	40,591.65	40,591.65	40,591.65
11	1465.1 Dwelling Equipment—Nonexpendable	0	2,677.95	2,677.95	2,677.95
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				

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

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

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Annual Statement/Performance and Evaluation Report
 Development
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Housing
 Capital Fund Financing Program
 0226

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

OMB No. 2577-

Expires

4/30/2011

Part I: Summary					
PHA Name: Bangs Housing Authority	Grant Type and Number Capital Fund Program Grant No: TX21P23550108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:10/2008 FFY of Grant Approval: 10/2008			
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)	77,938.00	77,938.00	77,938.00	77,938.00
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 07/13/2010		Signature of Public Housing Director	
				Date	

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program
 Expires 4/30/2011

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part I: Summary					
PHA Name: Bangs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX21P23550109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 10/2009 FFY of Grant Approval: 10/2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2010 <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	15,000.00		15,000.00	15,000.00
3	1408 Management Improvements	10,000.00		1,324.04	1,324.04
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00		25,505.20	25,505.20
10	1460 Dwelling Structures	42,030.00		2,150.00	2,150.00
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00		932.00	932.00
12	1470 Non-dwelling Structures	0		2,650.00	2,650.00
13	1475 Non-dwelling Equipment	0		3,700.00	3,700.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program
Expires 4/30/2011

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part I: Summary						
PHA Name: Bangs Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX21P23550109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:10/2009 FFY of Grant Approval: 10/2009	
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)	77,030.00		77,030.00	51,261.24	
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 07/13/2010		Signature of Public Housing Director		
				Date		

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program
Expires 4/30/2011

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226

Part II: Supporting Pages								
PHA Name: Bangs Housing Authority			Grant Type and Number Capital Fund Program Grant No:TX21P23550109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 10/2009		
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	
TX235	Operating	1406		15,000.00		15,000.00	15,000.00	100% Complete
TX235	Training, Software maintenance	1408		10,000.00		10,000.00	1,324.04	
TX235	Sidewalk repair, tripping hazards remedied, shrubs removed off buildings	1450		5,000.00		25,505.20	25,505.20	
TX235	Painting, carpentry, electrical, plumbing	1460		42,030.00		42,030.00	2,150.00	
TX235	Ranges, refrigerators	1465		5,000.00		5,000.00	932.00	
TX235	Community Center a/c	1470		0		2,650.00	2,650.00	
TX235	Sewer camera	1475		0		3,700.00	3,700.00	

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 Office of Public and Indian Housing
 OMB No. 2577-0226

**Attachment: Violence Against Women Act Violence Against Women Act – Bangs Housing Authority TX235
 Statement:**

Bangs Housing Authority is dedicated to providing this community with quality, affordable housing that is decent, well maintained and free from drugs and violent crime. We endeavor to provide communities that are made up of a diverse range of economic incomes so that the children of these communities have role models that are visible, striving to make economic gains for their families. We are committed to providing our residents with as many opportunities as possible to become economically self-sufficient. We shall do all of these things while serving our residents with the highest degree of professional courtesy, empathy and respect.

Goals:

Bangs Housing Authority may request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking and that the incidences of threatened or actual abuse are bona fide in determining whether the protections afforded to such individuals under VAWA are applicable.

Bangs Housing Authority responding to an incident or incidents of actual or threatened domestic violence, dating violence or stalking that may affect a tenant’s participation in the housing program to request in writing that an individual complete, sign and submit, within 14 business days of the request, a HUD- approved certification form.

On the form, the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual shall provide the name of the perpetrator.

Bangs Housing Authority is not required to demand that an individual produce official documentation or physical proof of an individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking in order to receive the protections of VAWA. Note that, Bangs Housing Authority at their discretion may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence.

Bangs Housing Authority will notify tenants of their rights with VAWA including the existence of the HUD 50066 making it available at the time of admission and include with eviction/termination notice.

Objectives:

Bangs Housing Authority protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

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

**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 10/1/2010, heretofore 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 these 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/DMS Module in an accurate, complete and timely manner (as specified in PDI Notice 2005-24);
 - 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(a)(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 155.

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 1917 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), 3 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 in 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.

PHA Name Bango PHA Number/HA Code TR235

5-Year PHA Plan for Fiscal Years 20 10 - 20 14
 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 accompanying interview, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal penalties. 42 U.S.C. 1001, 1012, 1015; 24 C.F.R. 100.100, 100.101, 100.102.

Name of Authorized Official <u>Jimmie Ellis</u>	Title <u>Vice-Chairman</u>
Signature <u>Jimmie Ellis</u>	Date <u>07/13/10</u>

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Bangs Housing Authority

Program/Activity/Accounting Federal Grant/Funding

Capital Funds Grant FY 2010

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-L.L.L., 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 times (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 \$30,000 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 accompanying materials, is true and accurate.

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

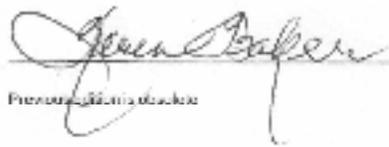
Name of Authorized Official

Karen Baker

Title

Executive Director

Signature



Date (mm/dd/yyyy)

08/30/2010

Print name (do not abbreviate)

Form HUD 50074 (2/200)
rel. Handbook 7417.1, 7475.12, 7485.1, & 7485.2

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0345-0042

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee For _____, if known: Congressional District, if known: 42-11	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: House Financing Authority 100 L. Science Houst, TX 75823 Congressional District, if known: 11	
6. Federal Department/Agency: U. S. Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ 76,016	
10. a. Name and Address of Lobbying Registrant (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 the 31 U.S.C. section 1352. This disclosure of lobbying activities is a separate responsibility of the user which is not to be placed on the Government. The Government will make no warranty as to the accuracy of the information provided. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available to the public. Any person who files this form electronically shall be subject to a disclosure of the information provided pursuant to 31 U.S.C. 1352, unless otherwise noted.	Signature: <u><i>Karen Ecker</i></u> Print Name: <u>Karen Ecker</u> Title: <u>Executive Director</u> Telephone No.: <u>325-752-6032</u> Date: <u>05/02/00</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 1/90)	

**Certification for
a Drug-Free Workplace**

U.S. Department of Housing
and Urban Development

Applicant Name

Bays Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Funds Grant FY 2010

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. Employees of convicted employees must provide notice, including position title, to every grant officer or other designee or 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;

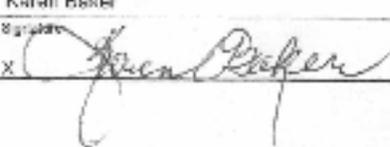
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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. Plans 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.

TX23500010 - HA Wide

Check here if there are workplaces on this list that are not included on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompanying 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 Karan Baker	Title Executive Director
Signature 	Date 06/30/2010

Form HUD-90170 (3/98)
Use Handbook 7417.1, 7475.13, 7485.1 & 3

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 Commissioners), 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.

Banga

TX235

PHA Name

PHA Number/ILA Code

I hereby certify that all the information given herein, as well as any information provided in the agreement therewith, is true and accurate. (Warning: HUD will prosecute false claims and statements. Check for accuracy. 42 U.S.C. 1981, 1982, 1983, 1985, 1986, 1988, 2000, 2001, 2002, 21 U.S.C. 2329, 2362)

Name of Authorized Official	Jimmie Ellis	Title	Vice-Chairman
Signature		Date	07/13/2010