

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Eden Housing Authority</u> PHA Code: <u>TX260</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>10/01/2010</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>36</u> Number of HCV units: _____				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	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:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: 1) <b>Promote safe, sanitary affordable housing</b> 2) <b>Promote economic opportunity</b> 3) <b>Promote a suitable living environment without discrimination</b>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. 1) <b>Improve the quality of assisted housing</b> 2) <b>Modernize units to improve marketable, add handicapped accessibility, and improve customer satisfaction</b> 3) <b>Increase customer satisfaction; Solicit resident's comments and suggestions regarding services provided</b> 4) <b>Improve community quality of life and economic vitality</b> 5) <b>Ensure Equal Opportunity in Housing for all Americans including equal housing opportunities and resident rights</b>				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  Eden Housing Authority office is located at 104 E. Blanchard, Eden, Texas 76837				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

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

<b>Part I: Summary</b>						
<b>PHA Name:</b>  Eden Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 10/2010</b> <b>FFY of Grant Approval: 10/2010</b>	
<b>Type of Grant</b> <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 <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,000				
3	1408 Management Improvements	5,000				
4	1410 Administration (may not exceed 10% of line 21)	4,400				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	1,500				
8	1440 Site Acquisition					
9	1450 Site Improvement	12,000				
10	1460 Dwelling Structures	10,000				
11	1465.1 Dwelling Equipment—Nonexpendable	3,325				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

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

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

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

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**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:10/2010</b> <b>FFY of Grant Approval: 10/2010</b>			
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>			<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	44,825			
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				
<b>Signature of Executive Director</b>		<b>Date 08/18/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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<b>Part II: Supporting Pages</b>								
PHA Name:  Eden Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 10/2010</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TX260	Operation	1406		5,000				
TX260	Training/Office Equipment/Computer Software	1408		5,000				
TX260	Part Time Office Clerk	1410		4,400				
TX260	Fees & Cost	1430		1,500				
TX260	Landscaping Flower Beds, Plants, Trees	1450		12,000				
TX260	Electrical, Plumbing, Painting, Cabinets, Doors/Door Hardware	1460		10,000				
TX260	Water Heaters, Stoves, Refirgerators, Vent A Hoods	1465.1		3,325				
TX260	Weed Eater, Leaf Blower, Chain Saw, Lawn Edger, Shop tools	1475		3,600				

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

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



**PART I: SUMMARY**

PHA Name/Number Eden/ TX260		Locality Eden, Concho, 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 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>B</b>	Physical Improvements Subtotal	Annual Statement	20,000	20,000	20,000	20,000
C.	Management Improvements		4,000	4,000	4,000	4,000
D.	PHA-Wide Non-dwelling Structures and Equipment		8,825	8,825	8,825	8,825
<b>E</b>	<b>ADMINISTRATION</b>		6,000	6,000	6,000	6,000
F.	Other		1,000	1,000	1,000	1,000
G.	Operations		5,000	5,000	5,000	5,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		44,825	44,825	44,825	44,825
L.	Total Non-CFP Funds					
M.	Grand Total					



**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2010	Work Statement for Year 3 FFY 2013			Work Statement for Year: 4 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	Cabinets, HVAC, lighting, Painting, doors		20,000	Mod: plumbing, electrical, cabinets, HVAC, lighting, painting, doors		20,000
ANNUAL	TX260- Refrigerators, Stoves, Water Heaters, Maintenance Lawn & Shop Tools/Equipment		4,000	TX260- Refrigerators, Stoves, Water Heaters, Maintenance Lawn & Shop Tools/Equipment		4,000
Statement	Flower beds/Plants		4,825	Flower Beds/Plants		4,825
	Subtotal of Estimated Cost		\$28,825	Subtotal of Estimated Cost		\$28,825

**Part III: Supporting Pages – Management Needs Work Statement(s)**





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<b>Part I: Summary</b>					
<b>PHA Name:</b> Eden Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 10/2008</b> <b>FFY of Grant Approval: 10/2010</b>
<b>Type of Grant</b> <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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,000		5,000	5,000.00
3	1408 Management Improvements	6,000		6,000	5,760.36
4	1410 Administration (may not exceed 10% of line 21)	3,000		3,000	2,971.16
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,000		1,000	265.00
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000		8,000	8,000.00
10	1460 Dwelling Structures	7,000		7,000	3,148.03
11	1465.1 Dwelling Equipment—Nonexpendable	9,000		9,000	8,851.78
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:10/2008</b> <b>FFY of Grant Approval: 10/2008</b>			
<b>Eden Housing Authority</b>					
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	45,234		45,234	37,960.33
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				
<b>Signature of Executive Director</b>		<b>Date 08/18/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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<b>Part II: Supporting Pages</b>								
PHA Name:  Eden Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 10/2008</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TX260	Operations	1406		5,000		5,000	5,000.00	complete
TX260	Training/Softwear Maintenance	1408		6,000		6,000	5,760.36	
TX260	Part Time Office Clerk	1410		3,000		3,000	2,971.16	
TX260	Fees & Cost	1430		1,000		1,000	265.00	
TX260	Landscaping	1450		8,000		8,000	8,000.00	
TX260	Painting, Carpentry,Electrical, Plumbing Flooring	1460		7,000		7,000	3,148.03	
TX260	Stoves, Refrigerators, water heaters	1465.1		9,000		9,000	8,815.78	
TX260	Mod. Community Center Electrical, Plumbing, painting, flooring	1470		6,234		6,234	4,000.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Eden Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 10/2009</b> <b>FFY of Grant Approval: 10/2009</b>
<b>Type of Grant</b> <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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,000		5,000	5,000.00
3	1408 Management Improvements	4,000		4,000	562.98
4	1410 Administration (may not exceed 10% of line 21)	4,500		4,500	792.30
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,000		1,000	
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000		10,000	
10	1460 Dwelling Structures	11,168		11,168	
11	1465.1 Dwelling Equipment—Nonexpendable	8,000		8,000	
12	1470 Non-dwelling Structures	1,500		1,500	
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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<b>Part I: Summary</b>					
<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TX21P26050109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:10/2009</b> <b>FFY of Grant Approval: 10/2009</b>			
<b>Eden Housing Authority</b>					
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>			<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	45,168	45,168	45,168	6,355.28
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				
<b>Signature of Executive Director</b>		<b>Date 08/18/2010</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>

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

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

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**Attachment: Violence Against Women Act Violence Against Women Act – Eden Housing Authority TX260  
Statement:**

Eden 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:**

Eden 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.

Eden 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.

Eden 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, Eden Housing Authority at their discretion may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence.

Eden 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:**

Eden 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  
 August 4, 2010

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Rev. 4 Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

As part of the process of certifying compliance with the PHA Plans and Related Regulations, PHAs are required to submit a certification of compliance with the PHA Plans and Related Regulations. The certification should be submitted to the PHA's local PHA office. The certification should be submitted to the PHA's local PHA office. The certification should be submitted to the PHA's local PHA office.

- The PHA certifies that the applicable regulations are being effectively enforced by the plan implementing and managing the program as required by the PHA's plan.
- The PHA certifies that the PHA is in compliance with the PHA's plan and that the PHA is in compliance with the applicable regulations and that the PHA is in compliance with the applicable regulations and that the PHA is in compliance with the applicable regulations.
- The PHA certifies that there has been no change in the PHA's plan and that the PHA is in compliance with the applicable regulations and that the PHA is in compliance with the applicable regulations and that the PHA is in compliance with the applicable regulations.
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Approved 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 August 2011
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**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Richard Trank Director Manager of the State Housing Center hereby  
 certify that the Five Year and Annual PHA Plans of Housing Authority of City of El Paso  
 are consistent with the Consolidated Plan of The State of Texas pursuant  
 pursuant to 24 CFR Part 92.

*Richard Trank*  
 Signature of Approving State or Local Official

Civil Rights Certification

U.S. Department of Housing and Urban Development  
Office of Public and Public Housing  
Region 433311

Civil Rights Certification

Annual Certification and Board Resolution

Being certified by the Board of Directors of the Eden Housing Agency (EHA) that the agency is in compliance with the provisions of 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 1976, and is not affirmatively furthering housing.

The EHA certifies that it will carry out the public housing program of the agency in compliance 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 1976, and is not affirmatively furthering housing.

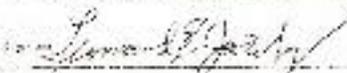
Eden Housing Authority

T4.250

PHS Number

PHS Number/HA Code

This form is to be filled out by the local authority administering public housing programs in order to certify compliance 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 1976.

Signature of Local Authority	Date
	08/18/2010

**Certification for a Drug-Free Workplace**

U.S. Department of Justice  
Anti-Drug Abuse Act of 1988

Applicant: Edwards & Kelcey  
Business Address: 1000 Pennsylvania Avenue, N.W.

**Direct Fund Program**

I, the undersigned, being the authorized representative of the applicant, hereby certify that the applicant complies with the requirements of the Direct Fund Program as set forth in the attached regulations.

- 1. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 2. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 3. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 4. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 5. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 6. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 7. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 8. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 9. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.
- 10. The applicant has established a drug-free workplace policy that is at least as stringent as the policy required by the regulations.

I declare under penalty of perjury that the information provided on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

Signature: [Signature]  
 Title: President  
 Date: 08/23/10  
 Signature: [Signature]  
 Title: President  
 Date: 08/23/10

**DISCLOSURE OF LOBBYING ACTIVITIES**  
 Complete this form to disclose lobbying activities related to U.S.G. Title 2  
 (see name on top of this order) (Reference)

4/20/09 OAC  
 121-0004

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. proposed legislation <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. from the agency	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. completed <input checked="" type="checkbox"/> b. in progress <input type="checkbox"/> c. pending	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. annual change <b>For Material Change Only:</b> <input type="checkbox"/> yes <input type="checkbox"/> no date of last report: _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> firm <input type="checkbox"/> individual Eden Housing Authority 104 E. Blanchard - Box 23 Eden, Texas 76837 Congress and District: (optional)	<b>5. If Reporting Entity is Not a Law Subrecipient, Enter Name and Address of Principal:</b>  Congressional District: (optional)	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program/Account/Item:</b>  ODA Number: (optional)	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. Name and Address of Lobbying Registrant:</b> (Individual, Agency, or Firm, if known)	<b>11. For Individuals Performing Services (including self):</b> a) Award For: No. (if known) b) Contract: No. (if known)	
<b>12. If you are reporting on a contract, include the contract number, the contract awarding agency, and the contract awarding authority. If you are reporting on a grant, include the grant number, the grant awarding agency, and the grant awarding authority. If you are reporting on a proposed piece of legislation, include the bill number and the committee name.</b>	Signature: <i>Anna Middleton</i> Print Name: Anna Middleton Title: Executive Director Telephone No.: 254-247-4141 Date: 08-20-2010	
Federal Use Only:	Form Approved by the GSA Acquisition Form 470	