



6.0	<p><b>PHA Plan Update</b></p> <p>(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.  A) Revise and or Adopt New Policies: ACOP Policy, VAWA Policy.  B) Boaz Housing Authority main office/ and Web site address -at -boazhousingauthority.com</p> <p><u>Resident and Resident Advisory Board participation /comments and Public Hearings</u></p> <p>Ad's for our first Public Hearing notice were run Thursday, December 30, 2010 and Saturday, January 1, 2011 in the Sand Mt. Reporter for a Public Hearing on the Annual Plan scheduled for Monday, January 3, 2011 at 2:00 P. M. at the Boaz Housing Authority office. Also, Flyers were sent door to door to all the Residents. This first meeting was a preliminary meeting to go over the needs and concerns of the Resident Advisory Board residents, and general public. We had no residents to meet for general questions and concerns for the upcoming annual and 5-year plan. After waiting up to an hour, the Executive Director, Dan Erwin, nor the Project Managers, Karen Shirley, Denise Davidson, Cherylon Lingerfelt, nor Charlotte DeArmond had any residents to phone or come by to meet, nor were available to review and discussion, the plans concerning the Annual and 5-year Plan.</p> <p>Ad's for our second Public Hearing notice were run Tuesday, March 1 and Thursday, March 3, 2011 in the Sand Mountain Reporter for a Public Hearing on the Annual Plan scheduled for Monday, March 7, 2011 at 2:00 P.M. at the Boaz Housing Authority Office. Flyers were sent door to door to all the Residents. This second meeting was to address any last minute question or concerns the Resident Advisory Board and or, other residents may have had from the first meeting, and to finalize the Plans before submission. The annual and 5-year plans were discussed, and the residents did ask question concerning the plans. After a question and answer session, the residents were very pleased with these plans.</p> <p>A. Resident Advisory Board Recommendations</p> <p>We did not have any residents to volunteer to serve, therefore, we kept the same board as in the past year. Members are as followed:</p> <p>(1).Boyd Gregory – Married -Elderly – President-Apt # 186-75-4 -MVH  (2).Dan Florence-Single-Disabled-Apt# 32-75-1-Cooper Courts  (3).Anne Heaton-Single-Elderly- Apt#17-75-11-Fyffe Homes  (4).Marjory Beam-Single-Elderly-Apt# 41-75-12-Geraldine Homes  (5).Ruby Maise-Single- Elderly- Apt# 320-75-8 -Summerville Homes</p> <p>In attendance: Boyd Gregory, Bonnie Gregory, Charlotte Hill, Teresa Davies, Syble Galloway, Dan R. Erwin</p> <p>Dan discussed with the residents the upcoming annual and 5-year plan. The HVAC work at Summerville Homes and the Metal Roofs at Fyffe Homes are in the plans to do this year. Plans are also underway to start on the sewer line replacement at two of the sites at Mount Vernon Homes. Sewer line work is also scheduled for Cooper Courts and one other sections of Mount Vernon Homes for next year. In the remaining, third, fourth and fifth year will be concentrating on kitchen and bathroom, storm doors and window replacement.</p> <p>All were in agreement to continue with the metal roof work until completion, with the HVAC and sewer line work, and the kitchen, bathroom, storm doors and window replacement. With no other comments or suggestions, the PHA will continue to use the CFP monies accordingly.</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><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.</p>
8.2	<p><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.</p>
8.3	<p><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.</p>

9.0

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

**In the “ Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5 with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.**

**Housing Needs of Families in the Jurisdiction  
by Family Type**

Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	50	5	5	4	4	4	3
Income >30% but <=50% of AMI	20	5	5	4	4	4	3
Income >50% but <80% of AMI	6	5	5	4	4	4	3
Elderly	37	5	5	4	4	4	3
Families with Disabilities	62						
Race/White	272	5	5	4	4	4	3
Race/African American	2	5	5	4	4	4	3
Race/Other	0	5	5	4	4	4	3
Race/Ethnicity	2						

**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.**

**Strategy # 1 -NEED: shortage of affordable housing for all eligible populations.-STRATEGY: Maximize the number of affordable units available to the PHA within its current resources by:**

- a) Employ effective maintenance and management policies to minimize the number of public housing units off-line.
- b) reduce turnover time for vacated public housing units
- c) maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- d) undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- e) maintain or increase section 8 lease-up rate by marketing the program to owners, particularly those outside of areas of minority and poverty concentration.
- f) maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program.

**Strategy # 2 –Increase the number of affordable housing units by:**

- a) Apply for additional Section 8 units should they become available
- b) Pursue housing resources other than Public Housing or Section 8 tenant-based assistance
- c) Request for additional new vouchers should additional funds become available and request for development of new construction units should funds become available.

**Strategy # 1 –NEED Specific family Types: families with disabilities: STRATEGY: Target available assistance to Families with Disabilities**

- a) Seek designation of Public Housing for families with disabilities.
- b) Carry out the modifications needed in Public Housing based on the section 504 Needs Assessment for Public Housing.

**Strategy #1 –NEED Specific Family Types: Races or ethnicities with disproportionate housing needs.-STRATEGY : increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

- a) Affirmatively market to races/ethnicities shown to have disproportionate housing needs

**Strategy # 2: Conduct activities to affirmatively further fair housing**

- a) counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- b) Market the Section 8 Program to owners outside of areas of poverty/minority concentrations

**REASONS FOR SELECTING STRATEGIES**

- a) Funding constraints
- b) Staffing constraints
- c) Limited availability of sites for assisted housing
- d) Extent to which particular housing needs are met by other organizations in the community
- e) Influence of the housing market on PHA programs
- f) Community priorities regarding housing assistance
- g) Results of consultation with local or state government
- h) Results of consultation with residents and the Resident Advisory Board

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) **Progress in Meeting Mission and Goals.** Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The Housing Authorities main objective is to provide decent safe and sanitary housing for low-income families.

Goal # 1- increase the customer satisfaction in two areas. Number 1 communication. Number 2 safety. The Housing Authorities goal is to increase communications among our residents through written correspondence and or flyers, and other correspondence posted on the office bulletin board The Housing Authority has also increase the level of safety by stressing to the residents their need to report any and all activities that is not in keeping with the lease , and have stressed the importance of a neighborhood watch program. Extra lighting has also been placed in areas that were deficient. Provide weather radios and flash lights for increase safety awareness.

Goal # 2 The Housing Authority is continuing to make great strides in renovating our units. The Housing Authority is concentrating on 5 primary areas.

#1 Putting in Central Air & Heat-HVAC.

#2 Replacing existing asphalt shingle roofs with metal roofs.

#3 Replacing existing terracotta sewer pipe with pvc pipe.

#4 Remodeling inside units.

#5 Doing general landscaping.

Item #1 –HVAC – 75-8-AMP 10- (Summerville Homes) 62 units/ and 75-6-AMP 40(Geraldine Homes) 12 units- will be all that remain to be done.

Item #2- Metal roofs- 75-5 and 11 –AMP 40 –(Fyffe Homes) 32 units will be all that remain to be done

Item #3 -Sewer lines- only replaced part of amp 20 (40 units) and part of amp 40 (12 units) we have, and will continue, to replace the worse ones asap.

items #4 & 5 can be put with any CFP mod when needed.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" BHA intends to adhere to the mission, goals, and objectives of this five year plan. However, should a substantial deviation from program goals and objectives occur, the plan will be modified.

**Boaz Housing Authority defines substantial deviations to be:**

**Any change in the planned or actual use of federal funds for activities that would prohibit or redirect the HHA's strategic goals of increasing the availability of decent, safe and affordable housing for the citizens of the jurisdiction served;**

Any single or cumulative annual change in the planned or actual use of federal funds as identified in the five year plan that exceeds 20% of the BHA annual program budgets;

A mandate for the Board of Commissioners of the BHA to modify, revise or delete the long-range goals and objectives of a program;

A need to respond immediately to events beyond the control of the BHA, such as natural disasters, civil unrest, or other unforeseen significant events.

**The Housing Authority does not plan to have any deviations from the Five-Year Plan.**

**This plan was written after much planning and consultation with necessary parties, using the guidelines issued by HUD.**

**All necessary accompanying documents are attached to the document, or are available upon request.**

Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be

attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.

- (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
- (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
- (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements
- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

### **VAWA Statement**

BOAZ/CROSSVILLE HOUSING AUTHORITY  
POLICY ON  
VIOLENCE AGAINST WOMEN ACT  
AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005  
PUBLIC LAW 109-162  
ADOPTED 11/8/2010 BY RESOLUTION BHA 11-06 CHA 11-03

**IMPLEMENTATION:** ON JANUARY 5, 2006, PRESIDENT BUSH SIGNED INTO LAW AS PUBLIC LAW 109-162, THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005. SECTION 603 OF THE LAW AMENDS SECTION 5A OF THE U.S. HOUSING ACT (42 U.S.C. 1437C-1) TO REQUIRE THAT PHAS' FIVE YEAR AND ANNUAL PLANS TO CONTAIN INFORMATION REGARDING ANY GOALS, ACTIVITIES, OBJECTIVES, POLICIES, OR PROGRAMS OF THE PHA THAT ARE INTENDED TO SUPPORT OR ASSIST VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, SECTIONS 606 AND SECTION 607 AMEND THE SECTION 8 AND PUBLIC HOUSING SECTIONS OF THE U.S. HOUSING ACT (42 U.S.C. 1437F AND 1437D) TO PROTECT CERTAIN VICTIMS OF CRIMINAL DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AS WELL AS MEMBERS OF THE VICTIMS IMMEDIATE FAMILIES FROM LOSING THEIR HUD ASSISTED HOUSING AS A CONSEQUENCE OF THE ABUSE OF WHICH THEY WERE THE VICTIM.

THE VIOLENCE AGAINST WOMEN ACT (VAWA) PROHIBITS THE EVICTION OF, AND REMOVAL OF ASSISTANCE, FROM CERTAIN PERSONS LIVING IN PUBLIC OR SECTION 8 ASSISTED HOUSING IF THE ASSERTED GROUNDS FOR SUCH ACTION IS AN INSTANCE OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AS THOSE TERMS ARE DEFINED IN SECTION 3 OF THE UNITED STATES HOUSING ACT OF 1937.

POLICY: IT IS THE INTENT OF THE BOAZ/CROSSVILLE HOUSING AUTHORITY TO COMPLY WITH THE PROVISIONS OF THE IMPLEMENTATION OF THE VIOLENCE AGAINST WOMEN ACT (VAWA) AND THE DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005. THE BOAZ/CROSSVILLE HOUSING AUTHORITY MAKES A FIRM COMMITMENT THAT NO INDIVIDUAL WHO CLAIMS TO BE A VICTIM OF ABUSE UNDER THE VAWA WHO COMPLETES THE HA CERTIFICATION TO THE ALLEGED ABUSE, OR PROVIDES OTHER ACCEPTABLE DOCUMENTATION AS OUTLINES IN THE CERTIFICATION, AND COMPLIES WITH THE CONDITIONS OF THE CERTIFICATION, WILL BE EVICTED FROM PUBLIC HOUSING OR HAVE THEIR SECTION 8 ASSISTANCE TERMINATED. THE BOAZ/CROSSVILLE HOUSING AUTHORITY WILL ONLY TAKE ACTIONS TO HAVE THE PERSON COMMITTING THE VIOLENCE REMOVED FROM THE DWELLING LEASE OR SECTION 8 VOUCHER ASSISTANCE, FOR THE PROTECTION OF THE REST OF THE FAMILY OR IF THE PERSON IS NOT A PARTY TO THE HOUSEHOLD, BANNED FROM THE PREMISES.

STEPS TO BE TAKEN: UPON RECEIVING A COMPLAINT OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING MADE BY A TENANT, THE HOUSING AUTHORITY WILL HAVE THE TENANT TO COMPLETE CERTIFICATION FOR HUD-91066 (OR PROVIDE OTHER ACCEPTABLE DOCUMENTS IN LIEU OF THE CERTIFICATION) TO CERTIFY THAT THE ALLEGED INCIDENT OF ABUSE ARE BONA FIDE AND AGREES TO HAVE THE ALLEGED ABUSED REMOVED FROM THE PUBLIC HOUSING DWELLING LEASE AND / OR SECTION 8 VOUCHER ASSISTANCE OR IF THE PERSON IS NOT ON THE LEASE, BANNED FORM THE PREMISES.

IF THE OFFENDER IS A PARTY TO THE LEASE, THE TENANT-VICTIM WILL BE ADVISED THAT THE TENANT-OFFENDER IS STILL LEGALLY ON THE LEASE / SECTION 8 ASSISTANCE, AND CAN NOT BE REMOVED WITHOUT A COURT ORDER. THE HOUSING AUTHORITY WILL REFER THE TENANT-VICTIM TO A DOMESTIC VIOLENCE SHELTER, ALLOW THE TENANT-VICTIM AND REMAINING FAMILY MEMBERS TO RELOCATE FOR SAFETY REASONS TO ANOTHER PUBLIC HOUSING DEVELOPMENT MANAGED BY THE HOUSING AUTHORITY OR IF THE TENANT IS ON SECTION 8, ISSUE THE PARTICIPATING FAMILY A VOUCHER, WHICH WILL ALLOW FOR RELOCATION.

ONCE DOMESTIC VIOLENCE DOCUMENTATION IS PROVIDED AND CERTIFIED TO, BY A TENANT OF THE ALLEDGED ABUSE, THE HOUSING AUTHORITY WILL START ACTIONS TO HAVE THE TENANT-OFFENDER EVICTED FROM THE PREMISES BY ISSUING A FOURTEEN (14) DAY NOTICE OF EVICTION, HAND DELIVERED TO THE TENANT-OFFENDER. THE NOTICE WILL STATE THE REASON FOR THE EVICTION IS FOR DOMESTIC VIOLENCE AND CRIMINAL ACTIVITY THAT INTERFERES WITH AND THREATENS THE HEALTH, SAFETY, OR RIGHT TO PEACEFUL ENJOYMENT OF THE PREMISE OF OTHER RESIDENTS. UPON EXPIRATION OF THE FOURTEEN (14) DAY NOTICE, IF THE TENANT-OFFENDER HAS NOT VACATED THE PREMISES, A CIVIL ACTION FOR EVICTION WILL BE INSTITUTED BY THE HOUSING AUTHORITY TO HAVE THE TENANT-OFFENDER REMOVED.

THE TENANT-VICTIM WILL BE ADVISED THAT THEY CAN ALSO GO TO THE COURTS AND ASK FOR AN INJUNCTION UNDER THE STATE LAWS GOVERNING DOMESTIC VIOLENCE TO REMOVE THE OFFENDING PERSON FROM THE UNIT. THIS WILL IMMEDIATELY REMOVE THE TENANT-OFFENDER FROM THE UNIT WHILE THE HOUSING AUTHORITY EVICTS THE TENANT-OFFENDER FROM THE LEASE. ONCE THE TENANT-OFFENDER IS REMOVED FROM THE LEASE, THE TENANT WILL BE ADVIES THAT THE TENANT-OFFENDER MAY NOT BE ALLOWED BACK ON THE PREMISES AND IF SO ALLOWED WOULD BE IN VIOLATION IF THEIR LEASE AND COULD BE TERMINATED FOR THIS.

OBJECTIVE ONE: TO INFORM ALL PUBLIC HOUSING AND SECTION 8 HOUSEHOLDS OF THE REQUIREMENTS OF THE VIOLENCE AGAINST WOMEN ACT (VAWA), THE HA WILL GO OVER THE VAWA WITH ALL PARTICIPANTS DURING ORIENTATION, INITIAL LEASE-UP, AND AT EACH ANNUAL RECERTIFICATION THEREAFTER. EACH HOUSEHOLD WILL BE INFORMED OF THE

REQUIREMENTS TO COMPLETE AND SUBMIT A CERTIFICATION, OR OTHER INFORMATION THAT MAY BE PROVIDED IN LIEU OF THE CERTIFICATION IF THEY ARE A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING. TENANT WILL BE INFORMED THAT BY SUBMITTING THE REQUIRED CERTIFICATION EACH QUALIFIED TENANT AND FAMILY MEMEBRS WILL BE PROTECTED FROM BEING EVICTED FROM PUBLIC HOUSING OR TERMINATED FROM THE SECTION 8 HOUSING PROGRAMS BASED ON ACTS OF SUCH VIOLENCE AGAINST THEM PROVIDED THE PERSON COMMITTING THE VIOLENCE IS REMOVED FROM THEIR LEASE OR SECTION 8 VOUCHER ASSISTANCE. EACH PARTICIPANT WILL BE REQUIRED TO SIGN A NOTICE THAT THEY WERE INFORMED OF THE VAWA AND THE REQUIREMENTS THAT MUST BE MET.

OBJECTIVE TWO: TO ENSURE THAT ALL SECTION 8 LANDLORDS ARE MADE AWARE OF THE REQUIREMENTS OF THE VAWA. THE HA WILL MAIL ALL CURRENT LANDLORDS A NOTICE EXPLAINING THE REQUIREMENTS OF VAWA. ALL NEW LANDLORDS COMING UNDER THE SECTION 8 PROGRAM WILL BE EXPLAINED THE VIOLENCE AGAINST WOMEN ACT PRIOR TO

BEING ON THE PROGRAM. EVERY LANDLORD MUST SIGN THE NOTICE DOCUMENTING THAT THE HOUSING AUTHORITY HAS INFORMED THE LANDLORD OF THE REQUIREMENTS TO COMPLY WITH THE VAWA AND THAT ALL HOUSING ASSISTANCE PAYMENT CONTRACTS EXECUTED WILL CONTAIN THE VAWA LANGUAGE.

PROGRAM PLANS: TO WORK IN CONJUNCTION WITH OTHER STATE AND LOCAL AGENCIES SUCH AS THE LOCAL POLICE DEPARTMENT, SOCIAL SERVICE AGENCIES, PROVIDERS OF DIRECT SERVICES, DOMESTIC VIOLENCE SHELTERS AND THE COMMUNITY AT LARGE TO DEVELOP EFFECTIVE STRATEGIES, SERVICES, EDUCATION AND PREVENTION PROGRAMS TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING.

INDIVIDUAL'S WHO ARE VICTIMS OF SUCH ABUSE MAY SEEK ASSISTANCE THROUGH THE FOLLOWING:

**1)MARSHALL COUNTY COALITION AGAINST DOMESTIC VIOLENCE**, UNDER THE DIRECTORSHIP OF CAROLYN CRUMP OFFICE PHONE # (256) 891-9864 OR THE **24 HOUR CRISIS LINE # (256) 891-0019 OR 1-888-582-6883.**

**STATE HOTLINE 800-650-6522**

THE ALABAMA COALITION AGAINST DOMESTIC VIOLENCE-(ACADV)

DEKALB COUNTY -(256) 845-9229- CHEROKEE COUNTY -(256) 927-9574

PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE: REFERRALS TO SAFE SHELTER PLACEMENT, SUPPORT/EDUCATION COUNSELING, COURT ADVOCACY.

**2) ROSE HAVEN SHELTER**, UNDER THE DIRECTORSHIP OF ANNA BRUGGE FULMER/ ALSO CONTACT - D. D. CARTER, FOR ETOWAH COUNTY-24 HOUR HOTLINE # (256)543-3059 CHEROKEE COUNTY-24 HOUR HOTLINE # (256)927-8876

ALSO: CONTACT: OLIVIA, IN DEKALB COUNTIES-24 HOUR HOTLINE # (256) 845-9095

PROVIDE SAFE, CONFIDENTIAL SHELTER, CRISES INTERVENTION AND ADVOCACY FOR VICTIMS OF VIOLENCE.

THEY PROVIDE SHELTER IN ETOWAH CO. AREA THAT DEKALB, CHEROKEE, AND MARSHALL COUNTIES CAN USE. ALSO PROVIDE PROGRAMS THAT HELP WOMEN WITH CUSTODY OF HER CHILDREN, WITH MOVE-IN RENT, ANY DEPOSITS, (EXCEPT PHONE). MUST HAVE AN INCOME

IN ORDER TO PAY RENT LATER ON, (DOES NOT EXCEPT CREDIT RENTERS) WILL HELP WITH LEGAL PAPER WORK IF NEEDED. IS A MEMBER OF THE (ACADV).

**3) Salvation Army**- contact person: Debbie Bearden (256)582-0536

If already housed, will provide food and help with utilities, if they have money available. If money is not available, will refer them to the Marshall Co Coalition against Domestic Violence.

**4) United Way of Marshall Co.**

Contact person: Betty (256)582-4700

If receive a call on domestic violence, can provided immediate shelter. If they need to stay in shelter until protection order is issued they may do so. Also provide pick-up service to take person to a safe place. Will go to court if need be, to provide moral support for the abused person. Will refer abused person to Mountain Lakes Crisis Center, if they need, for professional help.

**5) First Call for Help**

(256)582-0506

Provide same services as United Way

**6) Legal Aid**

(256)894-0100

Will give legal aid to victims

**7) Department of human resources (DHR)**-contact person: Wayne Sellers (256)582-7138 or (256)582-7158

Offers food stamps if they qualify, offers temporary assistance for needy families, (TANAF), if they qualify. Will refer abused person to domestic violence shelter.

The Housing Authority works in close contact with each agency mentioned above, and will assist in any way possible to get the help you need.

A packet of information will be available at the front office, or made available upon request.

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA), 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. These provisions apply both to the public housing agencies administering public housing and Section 8 programs and the owners renting to families under Section 8 rental assistance programs.

Among other requirements, Section 606 and 607 of VAWA add certification and confidentiality provisions that allow for PHA's owners or managers responding to an incident of 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.

In lieu of a certification form, the PHA's, and Section 8 programs may request that a tenant provide, 1) local police record or court record, 2) documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S. C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, or stalking has signed or attested to the documentation.

The PHA's and Section 8 Programs are 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, a PHA, owner or manager, at their discretion, may provide assistance to an individual based solely upon the individual's statement of other corroboration evidence.

If the individual does not provide the form HUD 50066 or the information that may be provided in lieu of the certification by the 14<sup>th</sup> business day or 5 day extension of that date provided by the PHA , owner or manager, none of the protections afforded to the victim of domestic violence, dating violence or stalking by sections 606 or 607 will apply. The PHA, owner or manager would therefore be free to evict, or to terminate assistance, in the circumstance authorized by otherwise applicable law and lease provisions, without regard to the amendments made by Sections 606 and 607.

However, the PHA's and Section 8 Program management is requesting that the tenant come into the office to pick up the certification form or provide management with the appropriate information stated above or make other delivery arrangements with management that do not place the tenant at risk.

<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Boaz, Alabama</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-11 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	

**Type of Grant**  
 **Original Annual Statement**       **Reserve for Disasters/Emergencies**       **Revised Annual Statement (revision no: \_\_\_\_\_)**  
 **Performance and Evaluation Report for Period Ending:**       **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	389,789			
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 <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  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Boaz, Alabama		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-11 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval: 2011</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	
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)	700,189				
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	424,486				
<b>Signature of Executive Director</b>		<b>Date</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.

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Boaz, Alabama			<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Accounting	1410		3,000				
	A&E Fees	1430		50,000				
AMP40								
AL 75-5 Fyffe Homes	Remove ashplalt shingles, install ice shield & install standing seam metal roof	1460		84,00				
AL 75-11 Fyffe Homes	Remove ashplalt shingles, install ice shield & install standing seam metal roof	1460		140,000				
AMP 10								
AL75-8 Summerville Homes	Install high effeceincy heatpumps and install insulated duct work	1460		424.486				

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Boaz, Alabama					<b>Federal FFY of Grant: 2011</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	7-15-2013	7-15-2015			
AMP 40					
AL 75-5 Fyffe Homes	7-15-2013	7-15-2015			
AL 75-5 Fyffe Homes	7-15-2013	7-15-2015			
AMP 10					
AL 75-8 Summerville	7-15-2013	7-15-2015			

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



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

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

<b>Part I: Summary</b>						
PHA Name/Number Housing Authority of the City of Boaz, Alabama AL075		Locality (City/County & State) Boaz, Alabama			<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>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	648,486	648,486	648,486	648,486
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		3,000	3,000	3,000	3,000
F.	Other: A&E Fees		50,000	50,000	50,000	50,000
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		701,486	701,486	701,486	701,486
L.	Total Non-CFP Funds					
M.	Grand Total		701,486	701,486	701,486	701,486

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number Housing Authority of the City of Boaz, Alabama AL075		Locality (City/county & State) Boaz, Alabama			<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>2011</u>	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
		Annual Statement				
	PHA Wide		53,000	53,000	53,000	53,000
	<i>Amp 10</i>					
	AL 75-1 Cooper Court		288,243			
	<i>Amp 20</i>					
	AL75-3 Mt. Vernon		288,243		636,486	
	AL 75-2 Mt. Vernon				12,000	648,486
	<i>Amp 40</i>					
	AL75-5 Fyffe			324,243		
	AL75-6 Geraldine		72,000	324,243		









<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Boaz, Alabama</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-10 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:1 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	361,189			
10	1460 Dwelling Structures	286,000			
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 <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  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Boaz, Alabama		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-10 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1                      ) <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	
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)	700,189				
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	216,000				
<b>Signature of Executive Director</b>		<b>Date</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.

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Boaz, Alabama			<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Accounting	1410		3,000				
	A&E Fees	1430		50,000				
AMP40								
AL 75-9	Install high efficiency heatpumps and	1460		156,000				
Geraldine Homes	install insulated duct work							
AL 75-11	Install high effeacency heatpumps and	1460		60,000				
Fyffe Homes	install insulated duct work							
AL 75-6	Remove ashplalt shingles, install ice	1460		70,000				
Geraldine Homes	shield & install standing seam metal roof							
Amp 30								
AL 75-7 & 4	Replace Terracotta sewer line w/ PVC	1450		361,189				
Mt. Vernon	& refurbish manholes							

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Boaz, Alabama					<b>Federal FFY of Grant: 2010</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	7-15-2012	7-15-2014			
AMP 40					
AL 75-9 Geraldine Homes	7-15-2012	7-15-2014			
AL 75-11 Fyffe Homes	7-15-2012	7-15-2014			
AL 75-6 Geraldine Homes	7-15-2012	7-15-2014			
AMP 30					
AL 75-7 & 4 Mt. Vernon	7-15-2012	7-15-2014			
AMP 20	7-15-2012	7-15-2014			
AL 75-3 Mt. Vernon					

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



<b>Part I: Summary</b>	
<b>PHA Name: Housing Authority of the City of Boaz, Alabama</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09S075-501-09 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:6 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	50,000	50,000	50,000	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	43,625			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	803,815	847,440	847,440	153,969
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 <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  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Boaz, Alabama		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09S075-501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 6 )		
<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	
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)	897,440				
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	847,440				
<b>Signature of Executive Director</b>			<b>Date</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.

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Boaz, Alabama			<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09S075-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Administrative costs	1410		50,000	50,000	50,000		
	A&E	1430		43,625	0	0		
AMP 30 AL 75-7 Mount Vernon	Install new High Efficiency HVAC system with duct work and upgrade electrical service to 200 amps.	1460		153,969	153,969	153,969	153,969	
AMP 30 AL 75-7 Mount Vernon	Remove existing asphalt shingle and install extra decking, freeze membrane and 24 gauge standing seam metal roofs.	1460		693,471	527,155	527,155		

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Boaz, Alabama					<b>Federal FFY of Grant: 2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	3-18-2010	3-18-2012			
AMP 30	3/18/2010	3-18-2012			
AL 75-7					
Mount Vernon					
AMP 30	3-18-2011	3-18-2012			
AL 75-7					
Mount Vernon					
Amp 40	3-18-2011	3-18-2012			
AL075-9 Geraldine					
AL075-5 Fyffe					

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



<b>Part I: Summary</b>			
<b>PHA Name: Housing Authority of the City of Boaz, Alabama</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-09 Replacement Housing Factor Grant No: Date of CFFP:</td> <td style="width:70%;"><b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b></td> </tr> </table>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>		

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:3 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	53,000	53,000	50,000	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	26,250	0		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	622,236	648,486	424,161	
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 <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.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Housing Authority of the City of Boaz, Alabama		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) <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	
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)	701,486	701,486			
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	648,486	648,486			
<b>Signature of Executive Director</b>		<b>Date</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.

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Boaz, Alabama			<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09P075-501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Administrative	1410		3,000	53,000	53,000	6,250	
	A&E Fees	1430		26,250	0			
AMP 30 AL 75-7	Remove existing asphalt shingle and install extra decking, freeze membrane and 24 gauge standing seam metal roofs.	1460		100,000	0			
AMP 20 AL 75-2	Install high efficiency HVAC systems with insulated duct systems and upgrade electrical system to 200 amp	1460		522,236	307,200			
AMP40 AL075-5 Fyffe AL075-11 Fyffe	Install high efficiency HVAC systems with insulated duct systems and upgrade electrical system to 200 amp as needed.	1460		0	341,286			

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Boaz, Alabama					<b>Federal FFY of Grant: 2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	6-12-2011	6-12-2013			
AMP 30					
AL 75-7					
Mount Vernon	6-12-2011	6-12-2013			
AMP40	6-12-2011	6-12-2013			
AL075-5 Fyffe					
AL075-11 Fyffe					

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

