

<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>Housing Authority of the City of Brazil, IN</u> PHA Code: <u>IN035</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2011</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>300</u> Number of HCV units: <u>115</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> N/A <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. N/A				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <b>Mission Statement submitted as part of our Five-Year Plan on October 15, 2009</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.  <b>Goals and Objectives submitted as part of our Five-Year Plan on October 15, 2009</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>None of the 13 Plan Elements have been revised since we last submitted our 5-Year/Annual Plan in October of 2009. Attachment #1 is a basic outline of these 13 Elements so that the public would have a better understanding of our Agency and the programs we offer.</b>  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Our 2011 Annual Plan is available at our Administrative Office at 122 W. Jackson Street, Brazil, IN 47834.</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable</i> .N/A				
<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 CFP financing. <b>See Attachment #2 – form HUD-50075.1</b>				
<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>See Attachment # 3 – form-HUD 50075.2</b>				
<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. N/A				

9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>See Attachment #4 entitled Housing Needs and a Strategy to Address the Needs</b></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> <p><b>See Attachment #4 entitled Housing Needs and a Strategy to Address the Needs</b></p>
10.0	<p><b>Additional Information.</b> 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. <b>See Attachment # 5</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>See Attachment # 5</b></p>
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> <p><b>Items a, b, c, d, e, f, and h are attached under the title Certifications 2011 Plan. Item h is the same as attachment #2 and item i is the same as attachment #3</b></p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Annual Plan – Fiscal Year 2011**  
**Attachment #1**  
**Plan Elements**

The instructions for form HUD-50075 in section 6.0 outlines the 13 items that make up the PHA Plan Elements. While none of the 13 elements have been revised in the past 12 months, this attachment just outlines general information on them.

1. **Eligibility, Selection and Admission Policies, including Deconcentration and Waiting List Procedures:** The Eligibility, Selection and Admissions policies, as well as the Waiting List procedures can be located Chapters 3 and 4 in the Authority's Admission and Continued Occupancy Policy for Public Housing and the Administrative Plan for the Housing Choice Voucher Program. The Authority's Deconcentration Policy is a free-standing policy which is part of our general policy manual.
2. **Financial Resources:** The Authority receives federal funding in support of its public housing operations and capital improvements as well as housing assistance payments and operational funds for our Housing Choice Voucher Program. In addition to the federal funds for the public housing program the Authority also collects rents, fees for tenant charges and interest on investments.
3. **Rent Determination:** The Authority has not adopted any alternative rent determination formulas. Our rent determination policies can be found in Chapter 6 of both the Authority's Admission and Continued Occupancy Policy for Public Housing and the Administrative Plan for the Housing Choice Voucher Program.
4. **Operations and Management:** Policies governing day to day operations can be found in several documents including our Procedural Statements, our Operational and Maintenance Policy and in our Tenant Handbooks.
5. **Grievance Procedure:** The Grievance Procedures adopted by the Authority are found in Chapter 14 of Authority's Admission and Continued Occupancy Policy for Public Housing and in Chapter 16 the Administrative Plan for the Housing Choice Voucher Program.
6. **Designated Housing for the Elderly and Disabled Families:** When Cooper Towers, Jackson Gardens and Meridian Towers were funded and built they were considered as housing for the elderly and disabled. Their unit configuration and design limits the number of individual who can reside in these units. While these two designations are still given the highest preferences in these three developments, due to changing market conditions the Authority also permits other low-income singles and/or families without minor children to reside in these developments.
7. **Community Service and Self Sufficiency:** The Authority does not, nor is it required to operate a self-sufficiency program. The requirements for our Community Service

program are contained in Chapter 11 of the Authority's Admission and Continued Occupancy Policy for Public Housing.

8. **Safety and Crime Prevention:** Over 14 years ago the Authority adopted its Screening and Eviction Policy which is enforced. Over the years the Authority has used Capital Funds to enhance the safety features at our properties. We also use our monthly newsletter to keep residents informed about safety issues and concerns, reminders about various policies dealing with drugs and crime. The Authority also has a strong working relationship with the local police and fire department.
9. **Pets:** See Chapter 10 of the Authority's Admission and Continued Occupancy Policy for Public Housing.
10. **Civil Rights Certifications:** form HUD-50077-CR is one of the certification attached to this Annual Plan.
11. **Fiscal Year Audit:** Pamela Simpson, CPA and her staff completed the office visit for the IPA for fiscal year 2009 the first week of June 2010. While the office visit has been completed the audit has not been published. It is our understanding from the exit interview that there are no financial findings and only one finding/recommendation dealing with the operations of the HCV program. The most current audit on file is for Fiscal Year 2008.
12. **Asset Management:** Congress has once again allowed any PHA with less than 400 units of public housing to opt out of Asset Management – the BHA has done so.
13. **Violence Against Women ACT (VAWA):** Chapters 16 in both the Authority's Admission and Continued Occupancy Policy for Public Housing and the Administrative Plan for the Housing Choice Voucher Program contain the activities, services or programs offered by the Authority in regard to VAWA.

<b>Part I: Summary</b>		
<b>PHA Name:</b> Housing Authority of the City of Brazil, IN	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P03550111 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"/> <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>		
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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>	40,000.00			
3	1408 Management Improvements	2,000.00			
4	1410 Administration (may not exceed 10% of line 21)	40,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	40,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	262,000.00			
13	1475 Non-dwelling Equipment	44,400.00			
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: Housing Authority of the City of Brazil, IN</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P03550111 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"/> <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)	458,400.00			
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				
<b>Signature of Executive Director</b>		<b>Date 10/15/2010</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.

<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 Brazil, IN			<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P03550111 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>	
Development Wide	Operations	1406	1	40,000				
Development Wide"	Management Improvements	1408	1	2,000				
Development Wide"	Administration	1410	1	40,000				
Development Wide	Fees and Costa	1430	1	30,000				
IN035000001 (CT)	Repair/Re-seal/Stripe parking lots	1470	1	35,000				
"	Replace Trash Compactor	1475	1	12,800				
"	Replace individual apartment mail boxes	1475	1	6,000				
IN035000001 (CT)	Replace apartment door locksets	1460	1	10,000				
IN035000001 (MT)	Repair/Re-seal/Stripe parking lots	1470	1	30,000				
"	Replace Trash Compactor	1475	1	12,800				
IN035000001 (MT)	Replace apartment door locksets	1460	1	10,000				
IN035000002 (CWV)	Repair/Re-seal/Stripe parking lots	1470	1	162,000				
"	Replace apartment door locksets	1460	1	10,000				

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Brazil, IN					<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	
Development Wide	09/30/2013		09/30/2014		
IN035000001	09/30/2013		09/30/2014		
IN035000002	09/30/2013		09/30/2014		
IN035000004	09/30/2014		09/13/2014		

<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 Brazil, IN/IN035		Locality (City/County & State) City of Brazil/Clay County/State of Indiana			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	358,900	367,900	341,600	341,600
C.	Management Improvements		2,000	2,000	2,000	2,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		40,000	40,000	40,000	40,000
F.	Other		30,000	30,000	30,000	30,000
G.	Operations		40,000	40,000	40,000	40,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		470,900	481,913	455,614	455,614
L.	Total Non-CFP Funds					
M.	Grand Total	458,000.00	470,900	479,900	453,600	453,600

**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 (Continuation)</b>						
PHA Name/Number: Housing Authority of the City of Brazil, IN/IN035		Locality (City/county & State): City of Brazil/Clay County/State of Indiana			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
	PHA – Wide:	<b>Annual Statement</b>				
	Operations		40,000	40,000	40,000	40,000
	Management Improvements		2,000	2,000	2,000	2,000
	Administration		40,000	40,000	40,000	40,000
	Fees & Cost		30,000	30,000	30,000	30,000
	IN03500001/Cooper Towers		284,900	327,900	0	0
	IN03500001/Meridian Towers		22,000	0	341,600	0
	IN03500002/Central West Village		30,000	0	0	0
	IN03500002/Jackson Gardens		22,000	40,000	0	341,600





<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year <u>4</u> FFY 2014			Work Statement for Year: <u>5</u> FFY 2015		
	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	<i>IN03500001/Meridian</i>			<i>IN035000002/Jackson</i>		
Annual	Renovation of 61 bathrooms	1	305,000	Renovation of 60 bathrooms	1	305,000
Statement	Replacement of 61 apartment size water heaters	1	36,600	Replacement of 60 apartment size water heaters	1	36,600
	Subtotal of Estimated Cost		\$ 341,600	Subtotal of Estimated Cost		\$341,600





**BHA Annual Plan – Fiscal Year 2011**  
**Attachment #4**  
**Housing Needs & Strategies for Addressing these Needs**

**Housing Need**

In preparing our 2011 Annual Plan the Brazil Housing Authority did review the Draft Copy of the State of Indiana’s Consolidated Plan for 2010-2014 and the 2010 Action Plan as posted on the IHCDA’s website. We looked at the needs as identified by “elected officials” and “residents” and we must concur with the resident group which identified affordable rental housing as a top need.

In an effort to provide local affordable housing the Brazil Housing Authority does maintain two waiting lists, The Public Housing List and/or the Housing Choice Voucher List. Applicants may choose to be on one or both lists.

The following information on applicants for our Public Housing and Voucher Programs is based on the waiting lists printed at 4:54 pm on August 4, 2010.

**Public Housing Program**

Total Number of Applicants on the Waiting List	139	
Number of Applicants at or below 30% of AMI	105	(75.5%)
Number of Applicants above 30% but below 50% of AMI	27	(19.4%)
Number of Applicants above 50% but below 80% of AMI	7	(5.1%)
Total Number of Applicants with minor children	73	(52.5%)
Total Number of Applicants without minor children	66	(48.5%)
• Applicants identified as elderly – 7		
• Applicants identified as disabled – 12		
• Applicants identified as near-elderly (50-61) – 8		
• Applicants identified as other singles (age 49-31) – 30		
• Applicants identified as other singles (below 30 years old) – 9		

Race/Ethnicity

White/Non-Hispanic	137
Other/Multi-racial	2

By Bedroom Size

<i>Bedroom Size</i>	<i>Number of Applicants</i>	<i>% of the total Applicants</i>	<i>Anticipated Turnover</i>
1	66	47%	62
2	49	35%	18
3	23	17%	13
4	1	1%	1

## **Housing Choice Voucher Program**

Total Number of Applicants on the Waiting List	190	
Number of Applicants at or below 30% of AMI	141	(74%)
Number of Applicants above 30% but below 50% of AMI	49	(26%)
Number of Applicants above 50% but below 80% of AMI	0	

### Bedroom Distribution:

• 1 Bedroom (Elderly/Disabled Applicants)	25	(13%)
• 1 Bedroom (other low-income Applicants)	18	(9.5%)
• 2 Bedroom	104	(55%)
• 3 Bedroom	41	(21%)
• 4 Bedroom	2	(1%)

### Race/Ethnicity:

• White/Non-Hispanic	184	(97%)
• White/Hispanic	1	(0.5%)
• Black-African American/Non-Hispanic	2	(1%)
• Other/Multi-racial	3	(1.5%)

## **Strategies for Addressing Needs**

As noted in our 5-year plan the Authority for the past few years has not had enough elderly applicants to fill all the vacancies in our three one-bedroom developments. To address this issue we did develop a preference system and sought out not only the elderly and disabled but other low-income singled individuals or couples without minor children. We also identified a growing need for rental units with wheelchair accessibility and/or other accessible features and undertook a multi-phase conversion project which added 24 accessible units while removing 12 long-term vacate apartments. We will continue to monitor the ever changing population and their needs and take the necessary steps needed to address these needs.

In order to help maintain an active waiting list we make sure that other social service organizations, schools, etc are aware of our programs, we do on occasions run radio ads and we have an weekly ad in our local newspaper. To help address the need to find qualified applicants for our three one-bedroom developments we also offer an incentive program that rewards current residents who bring in an applicant, who later becomes a client.

In order to maximize the number of affordable units in our inventory the Authority will:

- Employ effective management and maintenance policies and practices that will minimize the number of days a public housing unit are off-line or vacant.
- Given that funding for the Housing Choice Voucher Program is very changeable the Authority has taken steps to maximize our utilization of our HAP funds.
- In late 2010 or early 2011 the Authority will add two new-built 3-bedroom homes from the City's NSP to be used as affordable rental units.

Based on the number of families on our waiting lists and our average turnover the Authority believes that our current inventory of public housing units and vouchers is adequate to meet our housing needs.

Given that the majority of our applicants earn less than 30% of the AMI, the Authority has no problems meeting HUD's targeting requirements.

As noted earlier the Authority did develop a preference system for our one-bedroom public housing units. This system acknowledges that our original and primary service group was the elderly and disabled. These two categories of applicants for one-bedroom units still receive our highest preference for the apartments in Cooper Towers, Jackson Gardens and Meridian Towers.

In looking at the data collected by the State of Indiana in its Consolidated Plan on racial composition of the County population and the numbers of families either housed or on the waiting list there does not appear to be any reason for any special affirmative marketing of our programs.

## **Brazil Housing Authority (IN035) – Attachment 5**

HUD-50075 – Section 10

10(a) – Progress in meeting Mission and Goals:

Mission Statement 1 & 3 – To improve the quality of our housing stock and to enhance its marketability

*For the past year or so the BHA has focused much of its attention on Cooper Towers, our oldest development- opened in 1973 that currently houses seniors, the disabled and other low-income singles. We have finished a conversion process which turned 36 small apartments into 24 larger one-bedroom units that are handicapped accessible. Our current focus is to update the remaining 82 bathrooms. While we cannot change the square footage we have taken steps not only to improve the looks of the rooms but to increase their energy efficiency.*

*Prior to the renovations the rooms were dark and gloomy due to a poor lighting design, with a better lighting system, lighter colored walls and floors the bathroom is brighter and more user friendly. The old wall-hung sinks have been removed and replaced with simple but stylish lavatories/sink which now provides additional storage. The 37 year old fixtures were worn out and well past their useful life, the new fixtures are continue to provide the same functions but are now use water more efficiently.*

*In the upcoming years we plan on tackling the final major renovation in the residential units the kitchens and flooring.*

Mission Statement #2 – To manage the programs in an efficient and effective manner

*We continue to monitor our Policies and Procedures to ensure not only compliance with HUD regulations but to make sure they allow us to do our jobs in the most effective manner that benefits both the Authority and the clients we serve.*

**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 \_\_\_\_\_ 2011 \_\_\_\_\_, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the City of Brazil, IN

IN035

PHA Name

PHA Number/HA Code

\_\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>14</sup>

X \_\_\_\_\_ Annual PHA Plan for Fiscal Years 20<sup>11</sup> - 20\_\_\_\_\_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Bert Geswein

Title

Board of Commissioners - Chairperson

Signature



Date

October 14, 2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Brazil, IN

Program/Activity Receiving Federal Grant Funding

Public Housing Operating and Capital Funds and the Section 8 Housing Choice Voucher Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

- Cooper Towers Apartments, 120 W. Jackson Street, Brazil, Clay Co., Indiana 47834
- Jackson Gardens Apartments, 122 W. Jackson Street, Brazil, Clay Co., Indiana 47834
- Meridian Towers Apartments, 120 W. National Avenue, Brazil, Clay Co., Indiana 47834
- Central West Village Apartments, 601 W. Central Avenue, Brazil, Clay Co., Indiana 47834
- HCV Program - City of Brazil and a 5-mile radius of the city

Check here  if there are workplaces on file that are not identified on the attached sheets.

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

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

Name of Authorized Official

Michael K. Hagemeyer

Title

Executive Director

Signature

X 

Date

October 1, 2010

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of the City of Brazil, IN

Program/Activity Receiving Federal Grant Funding

Public Housing Operating and Capital Funds and the Section 8 Housing Choice Voucher Program

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

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

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

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

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

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

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

Name of Authorized Official

Michael K. Hagemeyer

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/01/2010

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" 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	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: Indiana 8th Dis.	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> U.S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b> Public Housing Operating and Capital Funds and HCV Program CFDA Number, if applicable: N/A	
<b>8. Federal Action Number, if known:</b> N/A	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): N/A	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): N/A	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Michael K. Hagemeyer</u> Print Name: <u>Michael K. Hagemeyer</u> Title: <u>Executive Director</u> Telephone No.: <u>812-446-2517 ext 228</u> Date: <u>10/01/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



August 31, 2010

Michael K. Hagemeyer  
Executive Director  
Brazil Housing Authority  
122 West Jackson Street  
Brazil, IN 47834

**Re: Certification of Consistency with the State Consolidated Plan**

Dear Mr. Hagemeyer:

Enclosed you will find a certification that your Agency Plan is consistent with the Consolidated Plan of the State of Indiana.

If you have any questions, please call me toll-free at (800) 872-0371.

Sincerely,

A handwritten signature in cursive script that reads "Brian L. Philips".

Brian L. Philips  
Community Development Assistant Director

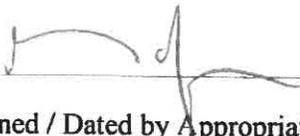
BLP/

Enclosure

cc: File

**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Mark Young the Chief Operating Officer certify  
that the Five Year and Annual PHA Plan of the Brazil Housing Authority is  
consistent with the Consolidated Plan of State of Indiana prepared  
pursuant to 24 CFR Part 91.

  
8-31-10  
Signed / Dated by Appropriate State or Local Official

# Civil Rights Certification

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

## Civil Rights Certification

### Annual Certification and Board Resolution

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of the City of Brazil, IN

IN035

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Michael K. Hagemeyer

Executive Director

Signature



Date 10/01/2010

## **Brazil Housing Authority – Annual Plan for Fiscal Year 2011**

### **Resident Advisory Committee:**

The following residents/clients agreed to serve on the Resident Advisor Committee this year:

- Sheila G. Urbain ~ Jackson Gardens Apartments
- Susan D. Kelley ~ Cooper Towers Apartments
- Linda McLin ~ Meridian Towers Apartments
- Stephanie Robinson ~ Central West Village
- We were unable to get a representative for the Section 8 Program

Due to the schedules of these four individuals it was not possible to have one group meeting to start the process, instead a couple of meetings were held. Ms. Urbain and Ms. Kelley attended a session on Thursday, September 2<sup>nd</sup> at 2:00 pm and Ms. Robinson attended a briefing session on Tuesday, September 7<sup>th</sup> at 11:00 am. Each of these two sessions lasted about an hour. Each individual was given a copy of the proposed plan and the various elements were discussed. Ms. McLin was unable to attend either of the two scheduled meetings so a shorter phone meeting was held with her and a copy of the plan sent to her home.

Each member of the committee was asked to read the material, make notes and if they had questions or suggestions to call me.

A second meeting was scheduled for noon on September 28, 2010. Ms. McLin called prior to the meeting to inform us that she had a doctor's appointment and would be unable to attend; she had no questions or suggestions. Ms. Urbain did attend the scheduled meeting and stated that she was comfortable with the plan and had no questions or suggestions. Ms. Kelley stopped by the office at about 2pm that afternoon for the meeting – she had marked the wrong time on her calendar – she had no changes to suggest. On the 29<sup>th</sup> of September Ms. Robinson called to inform me that she had just received the notice about the meeting – the letter was held up or mis-delivered by the post office. She was sorry that she had missed the meeting but also had no changes to suggest.



Michael K. Hagemeyer  
BHA Executive Director

BRAZIL HOUSING AUTHORITY  
122 West Jackson Street  
Brazil, Indiana 47834

October 12, 2010 at 8:30 a.m. a public hearing was held in the community building located at Central West Village, 601 W. Central Avenue, Brazil Indiana, for the Brazil Housing Authority Agency Plan for fiscal year 2011

Michael K. Hagemeyer, Executive Director and Judy Dowell, Administrative Assistant represented the authority, there was no attendance from the public.

Judy Dowell  
Administrative Assistant