

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

PHA Plans

5 Year Plan for Fiscal Years

Annual Plan for Fiscal Year *2011*

Homer Housing Authority *Homer, LA*

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA 5-Year and Annual Plan

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

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: <u>Homer Housing Authority</u> PHA Code: <u>LA089</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>100</u> Number of HCV units: <u>N/A</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <i>To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</i>				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <i>Increase the availability of decent, safe, and affordable housing. Renovate or modernize public housing units.</i>				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <u>N/A</u> (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. <u>Main administrative office of the PHA</u>				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. <u>See Pages 33 - 34</u>				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing. <u>See Pages 35 - 46</u>				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <u>See Pages 47 - 51</u>				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
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. <u>Housing Needs: white - 2%, black - 98%, 1 bedroom - 28%, 2 bedroom - 56%, 3 bedroom - 16%</u>				
9.1	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. <u>The PHA will strive to market to races/ethnicities shown to have disproportionate housing needs.</u>				

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <i>The PHA is on schedule implementing previously set objectives. Progress is being made meeting goals set forth.</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>a. Substantial Deviation from the 5-Year Plan</p> <ul style="list-style-type: none"> ✓ <i>Any change to Mission Statement such as:</i> ✓ <i>50% deletion from or addition to the goals and objectives as a whole.</i> ✓ <i>50% or more decrease in the quantifiable measurement of any individual goal or objective</i> <p>b. Significant Amendment or Modification to the Annual Plan</p> <ul style="list-style-type: none"> ✓ <i>50% variance in the funds projected in the Capital Fund Program Annual Statement</i> ✓ <i>Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement</i> ✓ <i>Any change in a policy or procedure that requires a regulatory 30-day posting</i> ✓ <i>Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs</i> ✓ <i>Any change inconsistent with the local, approved Consolidated Plan</i>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</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 <i>There were no Challenged Elements</i></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>

**PHA Plan
Agency Identification**

PHA Name: *Homer Housing Authority*

PHA Number: *LA089*

PHA Fiscal Year Beginning: (mm/yyyy) *7/2011*

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2011 - 2015

[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
 - Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)

- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list: e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2011
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**
- Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents		Page #
Annual Plan		
1.	Housing Needs	10
2.	Financial Resources	14
3.	Policies on Eligibility, Selection & Admissions	15
4.	Rent Determination Policies	20
5.	Operations & Management Policies	23
6.	Grievances Procedures	23
7.	Capital Improvement Needs	24
8.	Demolition & Disposition	25
9.	Designation of Housing	25
10.	Conversions of Public Housing	26
11.	Homeownership	26
12.	Community Service Programs	27
13.	Crime & Safety	29
14.	Civil Rights Certifications (included with PHA Plan Certifications)	30
15.	Audit	30
16.	Asset Management	30
17.	Other Information	30

Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment.

Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2011 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2012 - 2015 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
 - ✓ *Community Service Attachment "D"*
 - ✓ *Violence Against Women Attachment "E"*
 - ✓ *Resident Member of Governing Board Attachment "F"*

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Applicable Plan Component
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. 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	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	450	5	5	5	5	5	5
Income >30% but <=50% of AMI	297	2	2	2	2	2	2
Income >50% but <80% of AMI	333	3	3	3	3	3	3
Elderly	180	2	2	2	2	2	2
Families with Disabilities	257	2	2	2	2	2	2
White	293	3	3	3	3	3	3
Black	809	5	5	5	5	5	5
Hispanic	8	1	1	1	1	1	1
Race/Ethnicity	0	0	0	0	0	0	0

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data Indicate year:
- Other housing market study Indicate year:
- Other sources: (list and indicate year of information) *2000 Census*

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	57		30
Extremely low income <=30% AMI	0	0%	
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	0	0%	
Elderly families	0	0%	
Families with Disabilities	0	0%	
White	1	2%	
Black	56	98%	
Hispanic	0	0%	
Race/ethnicity	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	16	28%	
2 BR	32	56%	
3 BR	9	16%	
4 BR	0	0%	
5 BR	0	0%	
5+ BR	0	0%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

9.1 Strategy for Addressing 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**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

The PHA will strive to market to races/ethnicities shown to have disproportionate housing needs.

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based

Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2011 grants)		
a) Public Housing Operating Fund	\$ 340,148.00	
b) Public Housing Capital Fund	\$ 141,660.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contribution for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance Funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (<u>unobligated funds only</u>) (list below)		
3. Public Housing Dwelling Rental Income		
4. Other Income (list below)		
5. Non-federal sources (list below)		
Total resources	\$ 481,808.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) *When the completed application is received*

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe) *Character References*

c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? *0*

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One

- Two
- Three or More

b. Yes No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition?(select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes No No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site-based waiting lists. If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted

developments. If selected, list targeted developments below:

- Employing new admission preferences at targeted developments. If selected, list targeted developments below:
- Other (list policies and developments targeted below)

d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8 – *NOT APPLICABLE*

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
- Other (describe below)

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None

- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

(3) Search Time

a. Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?
If yes, state circumstances:

(4) Admissions Preferences

a. Income targeting

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**).

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through

an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies [24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
 \$1-\$25
 \$26-\$50

2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
 For increases in earned income
 Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:
 Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below:
 For household heads
 For other family members
 For transportation expenses
 For the non-reimbursed medical expenses of non-disabled or non-elderly families
 Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
 Yes but only for some developments
 No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
 For all general occupancy developments (not elderly or disabled or elderly only)
 For specified general occupancy developments
 For certain parts of developments; e.g., the high-rise portion
 For certain size units; e.g., larger bedroom sizes
 Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
 Fair market rents (FMR)
 95th percentile rents
 75 percent of operating costs

- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage:
- Other (list below)

g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

B. Section 8 Tenant-Based Assistance – *NOT APPLICABLE*

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA’s minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management [24 CFR Part 903.7 9 (e)] — **NOT APPLICABLE**

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

N/A

6. PHA Grievance Procedures^[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?
If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
 PHA development management offices
 Other (list below)

B. Section 8 Tenant-Based Assistance – *NOT APPLICABLE*

1. Yes No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982? If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

^[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-OR-

The Capital Fund Program Annual Statement is provided below: **ATTACHMENT "A"**

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

The Capital Fund Program 5-Year Action Plan is provided below: **ATTACHMENT "B"**

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund) – NOT APPLICABLE

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

Revitalization Plan under development

Revitalization Plan submitted, pending approval

Revitalization Plan approved

Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.79 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table.)

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	Disposition <input type="checkbox"/>
3. Application status (select one)	
Approved <input type="checkbox"/>	Submitted, pending approval <input type="checkbox"/>
Planned application <input type="checkbox"/>	

4. Date application approved, submitted, or planned for submission:
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities [24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table.

Conversion of Public Housing Activity Description
--

1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name:
1b. Development (project) number:

<p>2. Federal Program authority:</p> <p><input type="checkbox"/> HOPE I</p> <p><input type="checkbox"/> 5(h)</p> <p><input type="checkbox"/> Turnkey III</p> <p><input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)</p>
<p>3. Application status: (select one)</p> <p><input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program</p> <p><input type="checkbox"/> Submitted, pending approval</p> <p><input type="checkbox"/> Planned application</p>
<p>4. Date Homeownership Plan/Program approved, submitted, or planned for submission: <u>(DD/MM/YYYY)</u></p>
<p>5. Number of units affected:</p> <p>6. Coverage of action: (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

B. Section 8 Tenant Based Assistance – *NOT APPLICABLE*

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.A. of 1937, as implemented by 24 CFR part 982? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

Yes No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs – *NOT APPLICABLE*

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

Yes No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)? If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program

- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection /specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2004 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size? If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.

- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

In order to be eligible for continued occupancy, each adult family member must either (1) contribute to eight hours community service per month (not including political activities) within the community in which the public housing development is located or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement. The following adult members are exempt from this requirement: Family members who are 62 or older, family members who are blind or disabled, family members who are primary caregiver for someone who is blind or disabled, family members engaged in work activity, family members who are exempt from work activity under Part A title IV of the Social Security Act or under any other state welfare program, including the welfare to work program, family members receiving assistance under a state program funded under Part A title IV of the Social Security Act or under any other state welfare program, including welfare to work and who are in compliance with that program.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.79 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

- 1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
- 2. Yes No: Was the most recent fiscal audit submitted to HUD?
- 3. Yes No: Were there any findings as the result of that audit?
- 4. Yes No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?
- 5. Yes No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

17. PHA Asset Management – NOT APPLICABLE

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

- 1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

- 3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information [24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

Attached at Attachment (File name)

Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments

List changes below:

Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

Candidates were nominated by resident and assisted family organizations

Candidates could be nominated by any adult recipient of PHA assistance

Self-nomination: Candidates registered with the PHA and requested a place on ballot

Other: (describe)

b. Eligible candidates: (select one)

Any recipient of PHA assistance

Any head of household receiving PHA assistance

Any adult recipient of PHA assistance

Any adult member of a resident or assisted family organization

Other (list)

c. Eligible voters: (select all that apply)

All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

Representatives of all PHA resident and assisted family organizations

Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

State of Louisiana

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The PHA will continue to strive to meet the needs of the very low and low-income families in its jurisdiction consistent with the needs addressed in the Consolidated Plan.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-Year Plan

- ✓ *Any change to Mission Statement such as:*
- ✓ *50% deletion from or addition to the goals and objectives as a whole.*
- ✓ *50% or more decrease in the quantifiable measurement of any individual goal or objective*

b. Significant Amendment or Modification to the Annual Plan

- ✓ *50% variance in the funds projected in the Capital Fund Program Annual Statement*
- ✓ *Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement*
- ✓ *Any change in a policy or procedure that requires a regulatory 30-day posting*
- ✓ *Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing*
- ✓ *Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs*
- ✓ *Any change inconsistent with the local, approved Consolidated Plan*

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

ATTACHMENT "A" Component 7 Capital Fund Program Annual Statement Parts

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 3/31/2014

Part I: Summary

PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-11</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2011</i> FFY of Grant Approval:
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Type of Grant

- Original Annual Statement
 Reserve for Disaster/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 Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 24,203.00			
3	1408 Management Improvements	\$ 33,000.00			
4	1410 Administration (may not exceed 10% of line 21)	\$ -			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 12,033.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 11,794.00			
10	1460 Dwelling Structures	\$ 20,000.00			
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$ 20,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	\$ 121,030.00	\$ -	\$ -	\$ -
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 8/5/2011	Signature of Public Housing Manager	Date
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¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations
⁴ RHF funds shall be included here

ATTACHMENT "B" 8.1 CAPITAL FUND PROGRAM ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT 2010, 2009, 2008, 2007, 2006 & 2005

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 3/31/2014

Part I: Summary	
PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-10</i> Replacement Housing Factor Grant No: Date of CFFP:
	FFY Grant: <i>2010</i> FFY of Grant Approval:

Type of Grant

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: *12/31/2010* Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 71,000.00		\$ 71,000.00	\$ 71,000.00
3	1408 Management Improvements	\$ 10,000.00		\$ 10,000.00	\$ 10,000.00
4	1410 Administration (may not exceed 10% of line 21)	\$ 11,000.00		\$ 11,000.00	\$ 11,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 2,000.00		\$ 2,000.00	\$ -
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 15,000.00		\$ 15,000.00	\$ -
10	1460 Dwelling Structures	\$ 20,660.00		\$ 20,660.00	\$ 20,660.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$ 8,000.00		\$ 8,000.00	\$ 8,000.00
12	1470 Non-dwelling Structures	\$ 2,000.00		\$ 2,000.00	\$ -
13	1475 Non-dwelling Equipment	\$ 2,000.00		\$ 2,000.00	\$ -
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2-19)	\$ 141,660.00	\$ -	\$ 141,660.00	\$ 120,660.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 8/5/2011	Signature of Public Housing Manager	Date
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¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations
⁴ RHF funds shall be included here

Part II: Supporting Pages								
PHA Name: <i>Homer Housing Authority</i>		Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-10</i> CFFP (Yes / No): Replacement Housing Factor Grant No:				Federal FFY of Grant: <i>2010</i>		
Development Number Name / PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Costs		Total Actual Costs		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		\$ <i>71,000.00</i>		\$ <i>71,000.00</i>	\$ <i>71,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Training for staff</i>	<i>1408</i>		\$ <i>5,000.00</i>		\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Travel expenses to training</i>	<i>1408</i>		\$ <i>5,000.00</i>		\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Partial salary for ED</i>	<i>1410</i>		\$ <i>11,000.00</i>		\$ <i>11,000.00</i>	\$ <i>11,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>A/E Fees & Costs</i>	<i>1430</i>		\$ <i>2,000.00</i>		\$ <i>2,000.00</i>	\$ -	<i>In Process</i>
<i>PHA Wide</i>	<i>Sidewalk Replacement</i>	<i>1450</i>		\$ <i>15,000.00</i>		\$ <i>15,000.00</i>	\$ -	<i>In Process</i>
<i>PHA Wide</i>	<i>Unit Modernization</i>	<i>1460</i>		\$ <i>20,660.00</i>		\$ <i>20,660.00</i>	\$ <i>20,660.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Replace refrigerators, stoves & hot water heaters as needed</i>	<i>1465.1</i>		\$ <i>8,000.00</i>		\$ <i>8,000.00</i>	\$ <i>8,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Office Renovations</i>	<i>1470</i>		\$ <i>2,000.00</i>		\$ <i>2,000.00</i>	\$ -	<i>In Process</i>
<i>PHA Wide</i>	<i>Maintenance Equipment</i>	<i>1475</i>		\$ <i>2,000.00</i>		\$ <i>2,000.00</i>	\$ -	<i>In Process</i>
				\$ <i>141,660.00</i>	\$ -	\$ <i>141,660.00</i>	\$ <i>120,660.00</i>	

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

² To be completed for the Performance and Evaluation Report

Part I: Summary

PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-09</i> Replacement Housing Factor Grant No: Date of CFFP: 	FFY Grant: <i>2009</i> FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement (revision no: 1
 Performance and Evaluation Report for Period Ending: *12/31/2010*
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 71,000.00	\$ 71,000.00	\$ 71,000.00	\$ 71,000.00
3	1408 Management Improvements	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00
4	1410 Administration (may not exceed 10% of line 21)	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 7,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
10	1460 Dwelling Structures	\$ 32,701.00	\$ 32,701.00	\$ 32,701.00	\$ 32,701.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$ 5,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00
12	1470 Non-dwelling Structures	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
13	1475 Non-dwelling Equipment	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	\$ 142,701.00	\$ 142,701.00	\$ 142,701.00	\$ 142,701.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 8/5/2011	Signature of Public Housing Manager	Date
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Part II: Supporting Pages

PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-09</i> CFFP (Yes / No): Replacement Housing Factor Grant No:	Federal FFY of Grant: <i>2009</i>
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Development Number Name / PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Costs		Total Actual Costs		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		\$ <i>71,000.00</i>	\$ <i>71,000.00</i>	\$ <i>71,000.00</i>	\$ <i>71,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Staff Training</i>	<i>1408</i>		\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Travel expenses to training</i>	<i>1408</i>		\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Partial Salary for ED</i>	<i>1410</i>		\$ <i>11,000.00</i>	\$ <i>11,000.00</i>	\$ <i>11,000.00</i>	\$ <i>11,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>A/E Fees & Costs</i>	<i>1430</i>		\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	<i>Complete</i>
<i>LA089-001</i>	<i>Site Improvements</i>	<i>1450</i>		\$ <i>7,000.00</i>	\$ <i>4,000.00</i>	\$ <i>4,000.00</i>	\$ <i>4,000.00</i>	<i>Complete</i>
<i>LA089-001</i>	<i>Complete installation of security windows, Paint exterior vinyl siding, fascia & soffits</i>	<i>1460</i>		\$ <i>32,701.00</i>	\$ <i>32,701.00</i>	\$ <i>32,701.00</i>	\$ <i>32,701.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Replace refrigerators, stoves & hot water heaters as needed</i>	<i>1465.1</i>		\$ <i>5,000.00</i>	\$ <i>8,000.00</i>	\$ <i>8,000.00</i>	\$ <i>8,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Lighting, Office Renovations</i>	<i>1470</i>		\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Maintenance Equipment</i>	<i>1475</i>		\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	<i>Complete</i>
				\$ <i>142,701.00</i>	\$ <i>142,701.00</i>	\$ <i>142,701.00</i>	\$ <i>142,701.00</i>	

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

² To be completed for the Performance and Evaluation Report

Part I: Summary

PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-08</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2008</i> FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: *12/31/2010*
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 71,000.00		\$ 71,000.00	\$ 71,000.00
3	1408 Management Improvements	\$ 10,000.00		\$ 10,000.00	\$ 10,000.00
4	1410 Administration (may not exceed 10% of line 21)	\$ 11,000.00		\$ 11,000.00	\$ 11,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 1,000.00		\$ 1,000.00	\$ 1,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 10,000.00		\$ 10,000.00	\$ 10,000.00
10	1460 Dwelling Structures	\$ 28,207.00		\$ 28,207.00	\$ 28,207.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$ 8,000.00		\$ 8,000.00	\$ 8,000.00
12	1470 Non-dwelling Structures	\$ 2,000.00		\$ 2,000.00	\$ 2,000.00
13	1475 Non-dwelling Equipment	\$ 2,000.00		\$ 2,000.00	\$ 2,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	\$ 143,207.00	\$ -	\$ 143,207.00	\$ 143,207.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director  Date: 8/5/2011	Signature of Public Housing Manager Date
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¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations
⁴ RHF funds shall be included here

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
<i>Homer Housing Authority</i>		Capital Fund Program Grant No: <i>LA48P089501-08</i> CFFP (Yes / No): Replacement Housing Factor Grant No:				2008		
Development Number Name / PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Costs		Total Actual Costs		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		\$ 71,000.00		\$ 71,000.00	\$ 71,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Training for Staff</i>	<i>1408</i>		\$ 5,000.00		\$ 5,000.00	\$ 5,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Travel expenses to training</i>	<i>1408</i>		\$ 5,000.00		\$ 5,000.00	\$ 5,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Partial Salary for ED</i>	<i>1410</i>		\$ 11,000.00		\$ 11,000.00	\$ 11,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>A/E Fees & Costs</i>	<i>1430</i>		\$ 1,000.00		\$ 1,000.00	\$ 1,000.00	<i>Complete</i>
<i>LA089-001</i>	<i>Tree removal, electrical pole removal, signs</i>	<i>1450</i>		\$ 10,000.00		\$ 10,000.00	\$ 10,000.00	<i>Complete</i>
<i>LA089-001</i>	<i>Complete installation of security windows, paint exterior vinyl siding, fascia & soffits</i>	<i>1460</i>		\$ 28,207.00		\$ 28,207.00	\$ 28,207.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Replace refrigerators, stoves & hot water heaters as needed</i>	<i>1465.1</i>		\$ 8,000.00		\$ 8,000.00	\$ 8,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Electrical, light fixtures in the office</i>	<i>1470</i>		\$ 2,000.00		\$ 2,000.00	\$ 2,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Maintenance Equipment</i>	<i>1475</i>		\$ 2,000.00		\$ 2,000.00	\$ 2,000.00	<i>Complete</i>
				\$ 143,207.00	\$ -	\$ 143,207.00	\$ 143,207.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Part I: Summary

PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-07</i> Replacement Housing Factor Grant No: Date of CFFP: 	FFY Grant: <i>2007</i> FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement (revision no: 1)
 Final Performance and Evaluation Report

Performance and Evaluation Report for Period Ending: *12/31/2010*

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 58,866.00	\$ 58,866.00	\$ 58,866.00	\$ 58,866.00
3	1408 Management Improvements	\$ 28,739.00	\$ 28,739.00	\$ 28,739.00	\$ 28,739.00
4	1410 Administration (may not exceed 10% of line 21)	\$ 14,369.00	\$ 14,369.00	\$ 14,369.00	\$ 14,369.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
10	1460 Dwelling Structures	\$ 27,719.00	\$ 25,603.00	\$ 25,603.00	\$ 25,603.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$ 5,000.00	\$ 7,116.00	\$ 7,116.00	\$ 7,116.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	\$ 143,693.00	\$ 143,693.00	\$ 143,693.00	\$ 143,693.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 8/5/2011	Signature of Public Housing Manager 	Date
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¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations
⁴ RHF funds shall be included here

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
<i>Homer Housing Authority</i>		Capital Fund Program Grant No: <i>LA48P089501-07</i> CFFP (Yes / No): Replacement Housing Factor Grant No:				2007		
Development Number Name / PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Costs		Total Actual Costs		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		\$ <i>58,866.00</i>	\$ <i>58,866.00</i>	\$ <i>58,866.00</i>	\$ <i>58,866.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Seminars & workshops for staff, the ED & Commissioners, Technical Support Contract for Computers, software & security services</i>	<i>1408</i>		\$ <i>28,739.00</i>	\$ <i>28,739.00</i>	\$ <i>28,739.00</i>	\$ <i>28,739.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Advertising, consultant for CFP Reporting & Annual plan, partial salary for ED</i>	<i>1410</i>		\$ <i>14,369.00</i>	\$ <i>14,369.00</i>	\$ <i>14,369.00</i>	\$ <i>14,369.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>A/E Fees & Costs</i>	<i>1430</i>		\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	<i>Complete</i>
<i>LA089-001</i>	<i>Stump grinding</i>	<i>1450</i>		\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	\$ <i>2,000.00</i>	<i>Complete</i>
<i>LA089-001</i>	<i>Dwelling improvements, A/C units, roofing & electrical</i>	<i>1460</i>		\$ <i>27,719.00</i>	\$ <i>25,603.00</i>	\$ <i>25,603.00</i>	\$ <i>25,603.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Ranges & Refrigerators</i>	<i>1465.1</i>		\$ <i>5,000.00</i>	\$ <i>7,116.00</i>	\$ <i>7,116.00</i>	\$ <i>7,116.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Computer Equipment</i>	<i>1475</i>		\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	\$ <i>5,000.00</i>	<i>Complete</i>
				\$ <i>143,693.00</i>	\$ <i>143,693.00</i>	\$ <i>143,693.00</i>	\$ <i>143,693.00</i>	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement
² To be completed for the Performance and Evaluation Report

Part I: Summary

PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-06</i> Replacement Housing Factor Grant No: Date of CFFP:	FFY Grant: <i>2006</i> FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: *12/31/2010*
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 32,602.03		\$ 32,602.03	\$ 32,602.03
3	1408 Management Improvements	\$ 10,000.00		\$ 10,000.00	\$ 10,000.00
4	1410 Administration (may not exceed 10% of line 21)	\$ 13,909.97		\$ 13,909.97	\$ 13,909.97
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 9,500.00		\$ 9,500.00	\$ 9,500.00
10	1460 Dwelling Structures	\$ 40,272.00		\$ 40,272.00	\$ 40,272.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$ 8,000.00		\$ 8,000.00	\$ 8,000.00
12	1470 Non-dwelling Structures	\$ 2,000.00		\$ 2,000.00	\$ 2,000.00
13	1475 Non-dwelling Equipment	\$ 27,000.00		\$ 27,000.00	\$ 27,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	\$ 143,284.00	\$ -	\$ 143,284.00	\$ 143,284.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 8/5/2011	Signature of Public Housing Manager	Date
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¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations
⁴ RHF funds shall be included here

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
<i>Homer Housing Authority</i>		Capital Fund Program Grant No: <i>LA48P089501-06</i> CFFP (Yes / No): Replacement Housing Factor Grant No:				2006		
Development Number Name / PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Costs		Total Actual Costs		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		\$ 32,602.03		\$ 32,602.03	\$ 32,602.03	<i>Complete</i>
<i>PHA Wide</i>	<i>Seminars & workshops for staff, ED & Commissioners, Software updates</i>	<i>1408</i>		\$ 10,000.00		\$ 10,000.00	\$ 10,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Advertising, Consultant for CFP Reporting & Annual Plan, Salary</i>	<i>1410</i>		\$ 13,909.97		\$ 13,909.97	\$ 13,909.97	<i>Complete</i>
<i>LA089-001</i>	<i>Tree Removal</i>	<i>1450</i>		\$ 9,500.00		\$ 9,500.00	\$ 9,500.00	<i>Complete</i>
<i>LA089-001</i>	<i>Replace cabinets, forced account labor, Breaker Boxes, Unit renovations, Lighting, Air Conditioners</i>	<i>1460</i>		\$ 40,272.00		\$ 40,272.00	\$ 40,272.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Ranges & Refrigerators</i>	<i>1465.1</i>		\$ 8,000.00		\$ 8,000.00	\$ 8,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Office Renovations</i>	<i>1470</i>		\$ 2,000.00		\$ 2,000.00	\$ 2,000.00	<i>Complete</i>
<i>PHA Wide</i>	<i>Maintenance Equipment, Vehicle, Furnace</i>	<i>1475</i>		\$ 27,000.00		\$ 27,000.00	\$ 27,000.00	<i>Complete</i>
				\$ 143,284.00	\$ -	\$ 143,284.00	\$ 143,284.00	

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

² To be completed for the Performance and Evaluation Report

Part I: Summary

PHA Name: <i>Homer Housing Authority</i>	Grant Type and Number Capital Fund Program Grant No: <i>LA48P089501-05</i> Replacement Housing Factor Grant No: Date of CFFP: 	FFY Grant: <i>2005</i> FFY of Grant Approval:
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Type of Grant

Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: *12/31/2010*
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Costs ²	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00	\$ 6,000.00
3	1408 Management Improvements	\$ 10,000.00	\$ 16,765.82	\$ 16,765.82	\$ 16,765.82
4	1410 Administration (may not exceed 10% of line 21)	\$ 6,000.00	\$ 3,672.32	\$ 3,672.32	\$ 3,672.32
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 17,788.00	\$ 4,364.31	\$ 4,364.31	\$ 4,364.31
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 3,000.00	\$ -	\$ -	\$ -
10	1460 Dwelling Structures	\$ 103,000.00	\$ 114,985.55	\$ 114,985.55	\$ 114,985.55
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	\$ 145,788.00	\$ 145,788.00	\$ 145,788.00	\$ 145,788.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director 	Date 8/5/2011	Signature of Public Housing Manager 	Date
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¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for Operations
⁴ RHF funds shall be included here

Part II: Supporting Pages								
PHA Name:		Grant Type and Number				Federal FFY of Grant:		
<i>Homer Housing Authority</i>		Capital Fund Program Grant No: <i>LA48P089501-05</i> CFFP (Yes / No): Replacement Housing Factor Grant No:				2005		
Development Number Name / PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Costs		Total Actual Costs		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
<i>PHA Wide</i>	<i>Operations</i>	<i>1406</i>		\$ <i>6,000.00</i>	\$ <i>6,000.00</i>	\$ <i>6,000.00</i>	\$ <i>6,000.00</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Seminars & workshops for staff, ED & Commissioners, Software updates</i>	<i>1408</i>		\$ <i>10,000.00</i>	\$ <i>16,765.82</i>	\$ <i>16,765.82</i>	\$ <i>16,765.82</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Advertising, Consultant for CFP Reporting & Annual Plan, Salary</i>	<i>1410</i>		\$ <i>6,000.00</i>	\$ <i>3,672.32</i>	\$ <i>3,672.32</i>	\$ <i>3,672.32</i>	<i>Complete</i>
<i>PHA Wide</i>	<i>Architectural Services</i>	<i>1430</i>		\$ <i>17,788.00</i>	\$ <i>4,364.31</i>	\$ <i>4,364.31</i>	\$ <i>4,364.31</i>	<i>Complete</i>
<i>LA089-001</i>	<i>Tree removal</i>	<i>1450</i>		\$ <i>3,000.00</i>	\$ <i>-</i>	\$ <i>-</i>	\$ <i>-</i>	<i>Complete</i>
<i>LA089-001</i>	<i>Replace cabinets, forced account labor, breaker boxes, unit renovations, lighting & air conditioners</i>	<i>1460</i>		\$ <i>103,000.00</i>	\$ <i>114,985.55</i>	\$ <i>114,985.55</i>	\$ <i>114,985.55</i>	<i>Complete</i>
				\$ <i>145,788.00</i>	\$ <i>145,788.00</i>	\$ <i>145,788.00</i>	\$ <i>145,788.00</i>	

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

² To be completed for the Performance and Evaluation Report

ATTACHMENT "C"

Capital Fund Program - Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number <i>Homer Housing Authority</i>		Locality (City/Couty & State) <i>Claiborne Parish</i>			<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		\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00
C.	Management Improvements		\$ 33,000.00	\$ 33,000.00	\$ 33,000.00	\$ 33,000.00
D.	PHA - Wide Non-dwelling Structure and Equipment		\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00
E.	Administration					
F.	Other		\$ 23,827.00	\$ 23,827.00	\$ 23,827.00	\$ 23,827.00
G.	Operations		\$ 24,206.00	\$ 24,206.00	\$ 24,206.00	\$ 24,206.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		\$ 121,033.00	\$ 121,033.00	\$ 121,033.00	\$ 121,033.00
L.	Total Non-CFP Funds					
M.	Grand Total		\$ 121,033.00	\$ 121,033.00	\$ 121,033.00	\$ 121,033.00

REQUIRED ATTACHMENT “D” *Community Service*

In order to be eligible for continued occupancy, each adult family member must either (1) contribute to eight hours community service per month (not including political activities) within the community in which the public housing development is located or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement. The following adult members are exempt from this requirement: Family members who are 62 or older, family members who are blind or disabled, family members who are primary caregiver for someone who is blind or disabled, family members engaged in work activity, family members who are exempt from work activity under Part A Title IV of the Social Security Act or under any other state welfare program, including the welfare to work program, family members receiving assistance under a state program funded under Part A Title IV of the Social Security Act or under any other state welfare program, including welfare to work and who are in compliance with that program

REQUIRED ATTACHMENT “E”

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT 2005 POLICY

PURPOSE: *The purpose of this policy is to assure that the Homer Housing Authority is in compliance with Notice PIH 200623 dated June 23, 2006, entitled, “Violence against Women and Justice Department Reauthorization Act 2005”.*

POLICY: *The Homer Housing Authority shall support or assist victims of domestic violence, dating violence, sexual assault, or stalking in its Public Housing Program. The Homer Housing Authority shall prohibit the eviction of, removal of assistance from certain victims, as well as members of the victims’ immediate families, living in public housing if the asserted ground for such action is domestic violence, dating violence, sexual assault, or stalking.*

REQUIRED ATTACHMENT “F”: Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- A. Name of resident member(s) on the governing board:
- B. How was the resident board member selected: (select one)?
 Elected
 Appointed
- C. The term of appointment is (include the date term expires):
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
 the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
 the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 Other (explain):
- B. Date of next term expiration of a governing board member:
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the *Streamlined 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 X Annual PHA Plan for the fiscal year beginning 7/2011, 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.

Homer Housing Authority

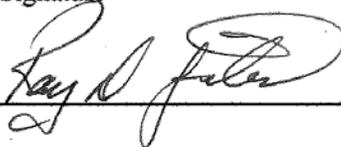
PHA Name

LA089

PHA Number

<u> </u> 5- Year PHA Plan for Fiscal Years	20	-	20	<u> </u>
<input checked="" type="checkbox"/> Annual PHA Plan for Fiscal Years	20	-	20	<u>11</u> - <u>15</u>

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
	<i>Chairman</i>
Signature	Date (mm/dd/yyyy)
	7-15-11

Certification for a Drug-Free Workplace

U. S. Department of Housing
and Urban Development

Applicant Name

Homer Housing Authority

Program/Activity Receiving Federal Grant Funding

2011 Capital Fund Program

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

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

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

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

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

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

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

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

Name of Authorized Official <i>K Reese Hood</i>	Title <i>Executive Director</i>
Signature <i>K Reese Hood</i>	Date (mm/dd/yyyy) <i>7/11/2011</i>

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Homer Housing Authority

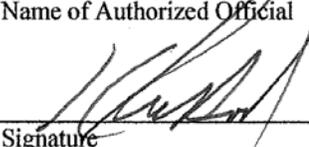
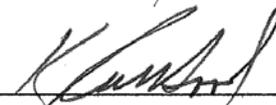
Program/Activity Receiving Federal Grant Funding

2011 Capital Fund Program

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

- | | |
|---|---|
| <p>(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the , 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.</p> <p>(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 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.</p> | <p>(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.</p> <p>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 \$10,000.00 and not more than \$100,000.00 for each such failure.</p> |
|---|---|

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
 <i>K Reese Hood</i>	<i>Executive Director</i>
Signature	Date (mm/dd/yyyy)
	<i>7/14/11</i>

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

I, Alecia N. Smith the Mayor certify that the Five
Name *Mayor or State Representative*

Year and Annual PHA Plan of the Homer Housing Authority
Name of Housing Authority

is consistent with the Consolidated Plan of the state of Louisiana prepared pursuant to 24
State Name

CFR Part 91.


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 04/30/2011

Civil Rights Certification
Annual Certification and Board Resolution

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

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

Homer Housing Authority

PHA Name

LA089

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

Ray D. Jiles

Title

Chairman

Signature

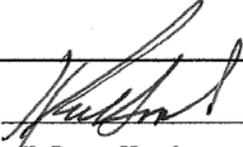
Ray D. Jiles

Date

7-15-11

DISCLOSURE OF LOBBYING ACTIVITIES

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

1. Type of Federal Action: <input checked="" type="checkbox"/> B a. Contract b. Grant c. Cooperative Agreement d. Loan e. Loan Guarantee f. Loan Insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> A a. Bid/Offer/Application b. Initial Award c. Post-Award	3. Report Type: <input checked="" type="checkbox"/> A a. Initial Filing b. Material Change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: <i>Congressional District, if known:</i>	5. If Reporting Entity in No. 4 is a Sub-awardee, Enter Name and Address of Prime: <i>Congressional District, if known</i>	
6. Federal Department/Agency: <i>U. S. Department of Housing and Urban Development</i>	7. Federal Program Name/Description: <i>2011 Capital Fund Program</i> CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U. S.C section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C 1352. This information will be reported to the Congress semi-annually and 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:  Print Name: <u>K. Reese Hood</u> Title: <u>Executive Director</u> Telephone No.: <u>318-927-3579</u> Date: <u>7/14/2011</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)