

# PHA Plans

## Streamlined 5-Year/Annual Version

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

OMB No. 2577-  
0226  
(exp 05/31/2006)

---

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

---

## Streamlined 5-Year Plan for Fiscal Years 2010 - 2014

## Streamlined Annual Plan for Fiscal Year 2011

# McCOMB HOUSING AUTHORITY

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.**

**Streamlined Annual PHA Plan**  
**PHA Fiscal Year 2011**  
[24 CFR Part 903.12(b)]

**Table of Contents**

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

**A. ANNUAL STREAMLINED PHA PLAN COMPONENTS**

**Attachment "A" MS003A01**

Civil Rights Certifications (included with PHA Certifications of Compliance) and Significant Amendment

**Attachment "B" MS003B01**

Violence Against Women Act

**Attachment "C" MS003C01**

Resident Advisory Board and Comments

**Attachment "D" MS002D01**

Capital Fund Program Original Annual Statement FY2010

**Attachment "E" MS003E01**

P&E Statements for CFP FY 2009

**Attachment "F" MS003F01**

P&E Statements for CFP FY 2009 Stimulus

**Attachment "G" MS003G01**

P&E Statements for CFP FY 2008

**Attachment "H" MS003H01**

CFP Five Year Action Plan

**MS003V01**

PHA 5 Year and Annual Plan

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
-----------------------------------	---	--

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>McComb Housing Authority</u> PHA Code: <u>MS26P003</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2011</u>														
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>435</u> Number of HCV units: _____														
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only														
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)														
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV	PHA 1:		PHA 2:		PHA 3:	
No. of Units in Each Program															
PH	HCV														
PHA 1:															
PHA 2:															
PHA 3:															
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.														
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  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.														

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.

The PHA continues to improve the quality of assisted housing: The Housing Authority is meeting this goal with the main accomplishments being ongoing efforts to raise the standards of public housing with the use of CFP program funds. The PHA established the goal to improve apartments to achieve compatibility with private market rentals. Improvements are currently in progress with the use of CFP funds and the Housing Authority is on schedule to meeting this goal.

**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 92) MASS SCORE 28
    - 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)**

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: NONE</p> <p><b>The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, December 16, 2009 at 5:00 P. M.</b></p> <p><b>There were no comments or challenged elements regarding the annual and five year plan.</b></p> <p>(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. McComb Housing Authority 1002 Sedgewick Street McComb, MS 39648</p>																		
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>The Housing Authority plan to hire a consultant for planning services for redevelopment. The services include planning for Demolition, Mixed Finance, Capital Fund Leveraging and Property Aquisition, We anticipate on submitting a demolition application in late 2011. The Housing Authority goal is the redevelopment and demolition of 160 apartment units at MS003-001 and 002. These 160 units are more than 70 years old and are not competitive with private market rentals. The Strategic Plan which will serve as a blueprint in terms of methodology, financing, and time lines will be developed by March 31, 2011.</p> <p><b><u>Demolition and Disposition</u></b></p> <table border="1" data-bbox="240 680 1414 1136"> <thead> <tr> <th colspan="2">Demolition/Disposition Activity Description</th> </tr> </thead> <tbody> <tr> <td>1a. Development name:</td> <td>Burgland Heights and Hugh L. White Homes</td> </tr> <tr> <td>1b. Development (project) number:</td> <td>MS26P003-001 &amp; 002</td> </tr> <tr> <td>2. Activity type:</td> <td>Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/></td> </tr> <tr> <td>3. Application status (select one)</td> <td>Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Date application approved, submitted, or <b>planned</b> for submission:</td> <td>By December 31, 2011</td> </tr> <tr> <td>5. Number of units affected:</td> <td>260</td> </tr> <tr> <td>6. Coverage of action (select one)</td> <td><input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development 2 <input type="checkbox"/> Other</td> </tr> <tr> <td>7. Timeline for activity:</td> <td>a. Actual or projected start date of activity: Anticipated late 2012 b. Projected end date of activity: 2013</td> </tr> </tbody> </table>	Demolition/Disposition Activity Description		1a. Development name:	Burgland Heights and Hugh L. White Homes	1b. Development (project) number:	MS26P003-001 & 002	2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>	3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>	4. Date application approved, submitted, or <b>planned</b> for submission:	By December 31, 2011	5. Number of units affected:	260	6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development 2 <input type="checkbox"/> Other	7. Timeline for activity:	a. Actual or projected start date of activity: Anticipated late 2012 b. Projected end date of activity: 2013
Demolition/Disposition Activity Description																			
1a. Development name:	Burgland Heights and Hugh L. White Homes																		
1b. Development (project) number:	MS26P003-001 & 002																		
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>																		
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>																		
4. Date application approved, submitted, or <b>planned</b> for submission:	By December 31, 2011																		
5. Number of units affected:	260																		
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development 2 <input type="checkbox"/> Other																		
7. Timeline for activity:	a. Actual or projected start date of activity: Anticipated late 2012 b. Projected end date of activity: 2013																		
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>																		
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>																		
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>																		
8.3	<p><b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>																		
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>																		
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>																		

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

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

The PHA continues to improve the quality of assisted housing: The Housing Authority is meeting this goal with the main accomplishments being ongoing efforts to raise the standards of public housing with the use of CFP program funds. The PHA established the goal to improve apartments to achieve compatibility with private market rentals by the year 2016. Improvements are currently in progress with the use of CFP funds and the Housing Authority is on schedule to meeting this goal.

The PHA continues to improve its public housing management and improve advisory score to a higher performer level.

The PHA goal to renovate or modernize our public housing units with Capital Fund program funds is being achieved and is on schedule.

The PHA continues to partnership with community agencies to provide residents drug prevention, educational and recreational programs.

The PHA continues its goal to ensure equal access to assisted housing.

The PHA continues to inspect all housing units on a regular basis.

The PHA continues to counseled with residents on homeownership and pledged our support if they choose to pursue homeownership.

The PHA continues to ensure Equal Opportunity in housing for all applicants regardless of their needs.

The PHA continues to improve the physical condition of its units and grounds.

The PHA established the goal to setup computer laboratories in public housing. The PHA is meeting this goal.

The PHA established the goal to continue the policy to assure affirmative equal access for all applicants. The PHA is meeting this goal.

**10.0** The PHA established the goal to make handicapped modifications to units exceeding 504 requirements based on individual need. The PHA is meeting this goal.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**Criteria for Substantial Deviations and Significant Amendments**

**(I) 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:**

Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in requirement for administration of Public Housing requiring public comment and/or public hearing.

**B. Significant Amendment or Modification to the Annual Plan**

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
-------------	---

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

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

## ATTACHMENT “A”

### **Civil Rights Certifications**

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. It is the policy of the Housing Authority to comply with all Federal, State, and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The Housing Authority will comply with all laws relating to Civil Rights, including: Title VI and VIII of the Civil Rights Act, Executive Order 11063, Section 504, Age Discrimination Act and American With Disabilities Act.

To further our commitment to fully comply with applicable Civil Rights laws, the Housing Authority will provide Federal/State/Local information to public housing residents regarding “discrimination” and any recourse available to them during resident orientation session, resident meetings and reexaminations.

### **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:**

The Housing Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.

#### **B. Significant Amendment or Modification to the Annual Plan**

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;

- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

## **ATTACHMENT “B”**

### **McCOMB HOUSING AUTHORITY POLICY ON VIOLATION AGAINST WOMEN (VAWA) AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

The VAWA prohibits the McComb Housing Authority (MHA) to evict or remove assistance from certain persons (including members of the victim’s immediate family) living in the MHA developments if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as described in Section 3 of the U.S. Housing Act of 1937, and amended by the Violence Against Women Reauthorization Act (VAWA) of 2005.

The MHA will accept certification from alleged victims in verifying this claim by a MHA resident.

The VAWA provides “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the MHA’s authority to terminate the tenancy of any tenant if the MHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant’s control and a tenant or immediate family member of the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the MHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

One of the following:

A police or court record documenting the actual or threatened abuse

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the MHA within 14 business days after the individual claiming victim status receives a request for such certification. The MHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The MHA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the MHA's discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the MHA may proceed with assistance termination.

The MHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the MHA deems the victim's life to be in imminent danger.

In extreme circumstances when the MHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the MHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

The MHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the MHA that the incident or incidents of abuse are bona fide

All information provided to the MHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

The MHA's five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the MHA that are intended to support assist victims of domestic violence described above.

**Required Attachment \_C\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

- 1. Ms. Hilda Magee, 1009 Witterman Street, McComb, MS 39648
- 2. Ms. Clara Beecham, 1019 Witterman Street, McComb, MS 39648
- 3. Ms. Queen Winding, 1003 Witterman Street, McComb, MS 39648
- 4. Ms. Jacqueline Williams, 1032 LaBranch St., McComb, MS 39648
- 5. Ms. Bonnie Washington, 1030 LaBranch St., McComb, MS 39648
- 6. Ms. Linda Conerly, 1005 Witterman Street, McComb, MS 39648
- 7. Ms. Doris Mayberry, 1009 Douglas Dr. Street, McComb, MS 39648
- 8. Ms. Mattie Brown, 318 Pine Street, McComb, MS 39648

**SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:**

The Resident Advisory Board consists of eight (8) members. They are selected by the housing authority and resident body.

**CHALLENGED ELEMENTS: NONE**

**Resident Advisory Board Recommendations**

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

If yes, provide the comments below:

- b. 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. N/A
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, December 16, 2010 at 5:00 P. M.

**There were no comments or challenged elements regarding the annual and five year plan.**

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

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

<b>Part I: Summary</b>		PHA Name: McCOMB CITY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P003501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
------------------------	--	---	--	---	--	--	--

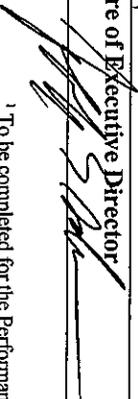
Type of Grant		Performance and Evaluation Report for Period Ending:		Revised Annual Statement (revision no: )		Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: )		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		150,000				
3	1408 Management Improvements		98,068				
4	1410 Administration (may not exceed 10% of line 21)		77,027				
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		83,600				
8	1440 Site Acquisition						
9	1450 Site Improvement		28,500				
10	1460 Dwelling Structures		322,082				
11	1465.1 Dwelling Equipment—Nonexpendable		11,000				
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: MCCOMB CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P003501-11 Replacement Housing Factor Grant No: Date of CRFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	770,277			
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		90,000		
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	Signature of Public Housing Director		Date
		12-22-10			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CRFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: McCOMB CITY HOUSING AUTHORITY		Capital Fund Program Grant No MS26F093501-11						
		CFPP (Yes/ No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COCC	Management Fees	1410		77,027				
AMP 1	Operations	1406		63,750				
	Security	1408		38,700				
	Training	1408		3,430				
	A/E Services	1430		8,500				
	Inspections, Surveys, Test, Applications	1430		6,800				
	Consultant Services	1430		38,500				
	Site Improvements	1450		4,250				
	Water Heaters	1460		2,125				
	Space Heaters	1460		1,000				
	Modernization & UPCS Compliance:	1460		250	105,082			
Force Account & Contract Activities at								
Designated Apts. & Buildings								
	Stoves	1465.1	5	1,275				
	Refrigerators	1465.1	9	3,400				
AMP 2	Operations	1406		86,250				
	Security	1408		51,300				
	Training	1408		4,638				
	A/E Services	1430		11,500				
	Inspections, Surveys, Test, Applications	1430		6,800				
	Consultant Services	1430		11,500				

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

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







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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
PHA Name: MCOMB CITY HOUSING AUTHORITY		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: MS26P003501-10 Replacement Housing Factor Grant No:			
Date of CFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:01 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup> Expended
			Original	Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		150,000	150,000	0
3	1408 Management Improvements		98,068	98,068	0
4	1410 Administration (may not exceed 10% of line 21)		76,414	76,414	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		56,000	17,500	0
8	1440 Site Acquisition				
9	1450 Site Improvement		10,000	20,000	0
10	1460 Dwelling Structures		362,667	390,167	0
11	1465.1 Dwelling Equipment—Nonependable		11,000	12,000	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: MCCOMB CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P003501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Type of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010 <input type="checkbox"/> Revised Annual Statement (revision no: 01 ) <input type="checkbox"/> Final Performance and Evaluation Report					
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)	764,149	764,149	713,364.45	0
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		90,000	90,000	0
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: 12-22-10		Signature of Public Housing Director	
				Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No MS26P003501-10 CFPP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2010</b>
<b>PHA Name: McCOMB CITY HOUSING AUTHORITY</b>			

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
COCC	Management Fees	1410		76,414	76,414	76,414	0	
AMP 1	Operations	1406		63,750	63,750	63,750	0	
	Security	1408		38,700	38,700	38,700	0	
	Training	1408		3,430	3,430	0	0	
	A/E Services	1430		8,500	0	0	0	
	Inspections, Surveys, Test, Applications	1430		6,800	3,000	0	0	
	Consultant Services	1430		8,500	8,500	8,000	0	
	Site Improvements	1450		4,250	15,000	6,609.34	0	
	Water Heaters	1460		2,125	2,125	2,125	0	
	Space Heaters	1460		4,250	750	0	0	
	Modernization & UPCS Compliance:	1460		250	83,277	70,000	0	
Force Account & Contract Activities at								
Designated Apts. & Buildings								
	Stoves	1465.1	5	1,275	2,000	2,000	0	
	Refrigerators	1465.1	9	3,400	3,400	3,000	0	
AMP 2	Operations	1406		86,250	86,250	86,250	0	
	Security	1408		51,300	51,300	51,300	0	
	Training	1408		4,638	4,638	0	0	
	A/E Services	1430		11,500	1,000	0	0	
	Inspections, Surveys, Test, Applications	1430		9,200	3,000	0	0	
	Consultant Services	1430		11,500	2,000	750	0	

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

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







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

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

<b>Part I: Summary</b>	
PHA Name: McCOMB CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MS26P003501-09 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>	
			Total Estimated Cost <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		150,000	150,000	150,000	150,000
3	1408 Management Improvements		94,000	57,099.55	57,099.55	57,099.55
4	1410 Administration (may not exceed 10% of line 21)		77,027	77,027	77,027	77,027
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		40,000	26,989.08	26,989.08	26,989.08
8	1440 Site Acquisition					
9	1450 Site Improvement		24,250	42,783.29	42,783.29	42,783.29
10	1460 Dwelling Structures		186,500	203,148.79	203,148.79	203,148.79
11	1465.1 Dwelling Equipment—Nonexpendable		28,500	35,235	35,235	35,235
12	1470 Non-dwelling Structures		170,000	161,340.03	161,340.03	161,340.03
13	1475 Non-dwelling Equipment		0	16,654.26	16,654.26	16,654.26
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

**Part I: Summary**

PHA Name: **MCCOMB CITY HOUSING AUTHORITY**  
 Grant Type and Number: **Capital Fund Program Grant No: MS26P003501-09**  
 Replacement Housing Factor Grant No: **REPLACEMENT HOUSING FACTOR**  
 Date of CFFP: \_\_\_\_\_

FFY of Grant: **2009**  
 FFY of Grant Approval: \_\_\_\_\_

Type of Grant

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	770,277	770,277	770,277	770,277
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		54,395.06	54,395.06	54,395.06
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		Signature of Public Housing Director	
<i>[Signature]</i>		12-22-10		<i>[Signature]</i>	

<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages

PHA Name: McCOMB CITY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MS26P003501-09 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup>	Total Actual Cost Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work
COCC	Management Fees	1410		77,027	77,027	77,027	77,027	
AMP 1	Operations	1406		63,750	63,750	63,750	63,750	
	Security	1408		38,700	23,389.88	23,389.88	23,389.88	
	Training	1408		1,000	0	0	0	
	Computer Upgrades	1408		2,000	1,805.49	1,805.49	1,805.49	
	A/E Services	1430		8,500	7,422.50	7,422.50	7,422.50	
	Inspections, Surveys, Test, Applications	1430		5,000	1,489.52	1,489.52	1,489.52	
	Consultant Services	1430		4,000	11,740.62	11,740.62	11,740.62	
	Site Improvements	1450		4,250	7,396.73	7,396.73	7,396.73	
	Water Heaters	1460	25	6,000	9,752.86	9,752.86	9,752.86	
	Space Heaters	1460		4,250	591.61	591.61	591.61	
	Modernization & UPCS Compliances:	1460	250	73,159	77,866.32	77,866.32	77,866.32	
	Force Account & Contract Activities at Designated Apartments & Buildings							
	Stoves	1465.1	17	5,000	5,109.95	5,109.95	5,109.95	
	Refrigerators	1465.1	19	8,500	9,673.40	9,673.40	9,673.40	
	Office Addition	1470	1	170,000	161,340.03	161,340.03	161,340.03	
	Office Equipment	1475		0	16,654.26	16,654.26	16,654.26	
AMP 2	Operations	1406		86,250	86,250	86,250	86,250	

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

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







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

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

<b>Part I: Summary</b>		<b>PHA Name: McCOMB CITY HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26S003501-09 Replacement Housing Factor Grant No: Date of CFFP: N/A		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	
------------------------	--	--	--	--	--	--	--

Line	Summary by Development Account	Type of Grant		Revised Annual Statement (revision no:01 )		Obligated	Total Actual Cost <sup>1</sup>	
		<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010	<input type="checkbox"/> Final Performance and Evaluation Report		Expended	
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>							
3	1408 Management Improvements							
4	1410 Administration (may not exceed 10% of line 21)			98,460	98,460		98,460	69,179.06
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs			70,500	67,385		67,385	50,000
8	1440 Site Acquisition							
9	1450 Site Improvement			165,648	51,420		51,420	40,450
10	1460 Dwelling Structures			500,000	767,343		767,343	601,340.50
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Non-dwelling Structures			150,000	0		0	0
13	1475 Non-dwelling Equipment							
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities <sup>4</sup>							

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: MCCOMB CITY	Grant Type and Number Capital Fund Program Grant No.: MS26S003501-09 Replacement Housing Factor Grant No: Date of CFPP: N/A	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	984,608	984,608	984,608	760,969.56
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 12-22-10

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.







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

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

**Part III: Implementation Schedule for Capital Fund Financing Program**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
PHA Name:	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date
N/A			

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

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

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

<b>Part I: Summary</b>						
PHA Name/Number <b>McComb City Housing Authority</b>		Locality (City/County & State) <b>McComb, Pike, MS</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	297,430	192,726	228,670	193,966
C.	Management Improvements		107,000	107,000	107,000	107,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	104,704	142,354	0
E.	Administration		76,000	76,000	76,000	76,000
F.	Other		144,969	144,969	71,375	71,375
G.	Operations		138,750	138,750	138,750	138,750
H.	Demolition					177,058
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		764,149	764,149	764,149	764,149
L.	Total Non-CFP Funds					
M.	Grand Total		764,149	764,149	764,149	764,149

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number <b>McComb City Housing Authority</b>		Locality <b>McComb, Pike, MS</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name Number	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
		Annual Statement				
	COCC		76,000	76,000	76,000	76,000
	AMP I		274,094	335,769	349,351	275,757
	AMP II		414,055	352,380	338,798	412,392
	<b>TOTAL</b>		<b>764,149</b>	<b>764,149</b>	<b>764,149</b>	<b>764,149</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b>COCC</b>	Management Fees	76,000	<b>COCC</b>	Management Fees	76,000
	<b>AMP I</b>	Operations	59,000	<b>AMP I</b>	Operations	59,000
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
		Inspections, Applications, Survey	8,000		Inspections, Applications, Survey	8,000
		Site Improvements	5,000		Site Improvements	5,000
		Force Account/Contract:	122,354		Force Account/Contract:	110,435
		Comprehensive Interior/Exterior Renovations			Comprehensive Interior/Exterior Renovations	
		Water Heaters	2,100		Water Heaters	2,100
		Space Heaters	4,000		Space Heaters	4,000
		HVAC Replacements			HVAC Replacements	
		Stoves	1,650		Stoves	1,650
		Refrigerators	5,625		Refrigerators	5,625
		Office Renovations			Office Renovations	
		Warehouse Renovations			Warehouse Renovations	
		Office Equipment			Office Equipment	
		Maintenance Equipment			Maintenance Equipment	
		Demolition			Demolition	
					Acquisition	73,594
	<b>AMP II</b>	Operations	79,750	<b>AMP II</b>	Operations	79,750
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
		Inspections, Applications, Survey	8,000		Inspections, Applications, Survey	8,000
		Site Improvements	5,000		Site Improvements	8,000
		Force Account/Contract:	149,576		Site Improvements	5,000
		Subtotal of Estimated Cost	\$		Subtotal of Estimated Cost	\$



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b>COCC</b>	Management Fees	76,000	<b>COCC</b>	Management Fees	76,000
	<b>AMP I</b>	Operations	59,000	<b>AMP I</b>	Operations	59,000
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
		Inspections, Applications, Survey	8,000		Inspections, Applications, Survey	8,000
		Site Improvements	5,000		Site Improvements	5,000
		Force Account/Contract:	50,000		Force Account/Contract:	44,872
		Comprehensive Interior/Exterior Renovations			Comprehensive Interior/Exterior Renovations	
		Water Heaters	2,100		Water Heaters	2,100
		Space Heaters	4,000		Space Heaters	4,000
		Renovations/Handicapped Access.	68,466		Stoves	1,650
		Stoves	1,650		Refrigerators	5,625
		Refrigerators	5,625		Office Renovations	
		Office Renovations			Warehouse Renovations	
		Warehouse Renovations	49,145		Office Equipment	
		Office Equipment	5,000		Maintenance Equipment	
		Maintenance Equipment	25,000		Demolition	79,145
		Demolition			Acquisition	
	<b>AMP II</b>	Operations	79,750	<b>AMP II</b>	Operations	79,750
		A/E Fees	10,000		A/E Fees	10,000
		Consultant Fees	10,000		Consultant Fees	10,000
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$





