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: LEXINGTON HOUSING AUTHORITY PHA Code: NC039

PHA Type: ☐ Small ☐ High Performing ☒ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 7/01/2011

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: 268 Number of HCV units: 512

3.0 Submission Type

☐ 5-Year and Annual Plan ☒ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ 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	
				PH	HCV
PHA 1:					
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:

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.

6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **Eligibility, Selection and Admission Policies, including Deconcentration and Wait List Procedures** VAWA POLICIES (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. The PHA Plan can be viewed and/or obtained by the public at the Lexington Housing Authority's central office at 1 Jamaica Drive, Lexington, North Carolina 27292.

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.* ATTACHMENT 3 HOMEOWNERSHIP APPLICANTS/PARTICIPANTS ATTACHMENT 4 HOMEOWNERSHIP PROGRAM CAPACITY STATEMENT
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
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.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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.
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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. The Lexington Housing Authority will continue to strive to meet the needs of the eligible population. Especially families that are at or below thirty-percent of median income, elderly families, race or ethnicity with housing needs in regards to the size of the families. These needs will be met by continuing to reduce the turnover time in the public housing units, maintain or increase lease-up rates by marketing the programs to owners outside of areas of minority and poverty concentration, apply for additional vouchers for the elderly whenever available and conduct activities/display fair housing posters to affirmatively further fair housing.

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.** In the upcoming year the agency plans to apply for additional vouchers if available, and refer the elderly (1 bedroom) to other subsidized housing i.,e., Green Hill Apartments, Mt. Moriah, and Hilltop Terrace. These establishments provide low – income housing for the elderly.
10.0	**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 three public housing communities and the Section 8 Rental Assistance Program operated by the Lexington Housing Authority are making progress in the Five-Year Goals that are stated in the Plan. In our efforts to increase awareness to other ethnic groups, the Lexington Housing Authority has provided housing to Hispanic and Asian families. We have several students that are enrolled in the Community College and Career Connection have completed classes and received the appropriate form of acknowledgement for their course of study. The tutorial program is still being provided for the school age children for all three communities. There are a small percentage of families that participate in Community Service through volunteering to assist in community efforts and attending upward bound programs offered by the Lexington Housing Authority agency. Through the Capital Fund Grants, the Lexington Housing Authority is replacing the floors, interior doors and locks at Helen Caple Village. Also, through Capital Fund Grants asphalt has been replaced in Eastview Terrace. In all three communities continued landscaping to keep the communities beautified. These efforts will continue in all mentioned aspects as funds become available. The Section 8 Rental Assistance Program has received nine enhance vouchers. The Lexington Housing Authority contracts with the Central Carolina Health Network to provide assistance to twenty-five HOPWA families. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Attachment 5

ATTACHMENT 1

13. Additional Requirements Under Section 603 Title VI, Violence Against Women and Department of Act 2005 Amending Section 5 (A) of the U.S. Housing Act of 1937

The Lexington Housing Authority will assist and provide support to families that are victims of domestic violence and stalking in order to enhance their quality of life, increase staff and family awareness, excellent sensitivity and excellent customer service when providing agency services and or referrals.

The Lexington Housing Authority will provide decent and affordable housing for victims of domestic and stalking. Making referrals to agency partners based on client needs; educate Lexington Housing Authority the seriousness of domestic violence in order to enhance the quality of life.

Services/Programs/Activities:

- Have agency partners conduct on site training for staff and clients to increase awareness of domestic violence
- Keep a current list of Lexington Housing Authority's domestic violence victims. Upon approval will conduct periodic visits to residents for detection of non-reported domestic violence.
- Make agency referrals to agency partners based on client needs.
- Strongly encourage victims to participate in counseling programs and report any incident.

ATTACHMENT 2

CHALLENGED ELEMENTS

N/A

TERRANCE GERALD, Executive Director
Telephone/TDD (336) 249-8936
Fax (336) 249-9353

Lexington Housing Authority
Section 8 Housing Assistance Payment Program
P.O. Box 1085
Lexington, North Carolina 27293-1085
HOMEOWNERSHIP PROGRAM

ATTACHMENT #3

HOMEOWNERSHIP APPLICANTS/PARTICIPANTS
Revised March 3, 2011

1. MARJORIE ANDERSON-CLASSES AT CDC
2. BERTHA BACOTE- TO TAKE CLASSES AT CDC
3. SHANNON BLACKWELL-SIGNED UP AT CDC FOR CLASSES/INACTIVE WITH LHA PRO.
4. ANDREA PAULETTE BRADLEY-HABITAT OF LEX./CLASSES AT CDC/STARTED HOUSE
5. TERWANA BURTON-CLASSES AT CDC/INACTIVE WITH LHA PROGRAM
6. JOANN CARTRETTE-CLASSES AT CDC/INACTIVE WITH LHA PROGRAM/OWES LHA
7. KEITH DEAN-FAST TRACK CLASSES AT CDC/MADE OFFER TO PURCHASE ON HOME
8. KIMBERLY HUME-FAST TRACK CLASSES AT CDC/WANTS HOME IN COUNTY
9. MIA GIBSON-CLASSES AT CDC/MOVED TO NEW UNIT 9/1/10
10. BARBARA HUDSON-FINISHED CLASS/WANTS TO WAIT UNTIL FINISHES SCHOOL
11. SHANWON MCINTOSH-CLASSES AT CDC 5/20/2010/MOVED TO NEW UNIT 7/1/10
12. TEMAKO MCLENDON-CLASSES AT CDC/WORKING ON CREDIT RATING
13. DANA PARKER-CLASSES AT CDC/INACTIVE WITH LHA/LOW INCOME
14. MELISSA QUEEN-CLASSES AT CDC/OVER INCOME 8/1/10/PURCHASED HOME ON OWN
15. CAROLYN RATLIFF-OWES LHA/WORKING WITH THOMASVILLE HABITAT
16. VONZELL TERRY-PURCHASED HABITAT HOUSE/PAYMENTS STARTED 8/1/2010
17. AVERY VERDELL-CLASSES AT CDC- CDC REFERRED TO HABITAT

Attachment 4

Homeownership Program Capacity Statement

Housing Urban and Development (HUD) approved the Lexington Housing Authority (LHA) Section 8 Homeownership Program Administrative Plan to operate a homeownership program in Davidson County. The program will permit eligible participants in the Section 8 Housing Voucher Program, including participants with portable vouchers, the option of purchasing a home with their Section 8 assistance rather than renting. Participation in the program is voluntary. The family must be a first-time homeowner or have a member who is a person with a disability or disabilities.

The homeownership option is limited to two percent (2%) of the total number of the Section 8 Voucher Program administered by the LHA in any fiscal year, provided that the disabled families shall not be subject to that limit.

The homeownership assistance may be used to purchase new or existing homes of various types.

The participants must meet the homeownership counseling requirements prior to commencement of homeownership assistance.

ATTACMENT 5

"Substantial Deviation" and "Significant Amendment or Modification"

The Code of Federal Regulations (CFR) at 24 CFR Part 903 Section 7, Public Housing Agency Plans; Final Rule issued on October 21, 1999 is very specific with respect to the information a PHA must provide in its Agency Plan. Part 903 Section 7 (r) (2) states that a PHA must identify the basic criteria the PHA will use for determining:

A. A substantial deviation from its Five – Year Plan; and

B. A significant amendment or modification to its Five Year Plan and Annual Plan.

Notice PIH 99-51 states that PHAs must define the terms "Substantial Deviation" and "Significant Amendment of Modification" by stating the basic criteria for such definitions in an annual plan that has met full public process and Resident Advisory Board review.

HUD considers the following actions to be Significant Amendments or Modifications:

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

B. Additions of non-emergency work items (items not included in the current Annual Statement or Five – Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;

C. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation will be documented in Agency plans.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will be not be considered significant amendments by HUD.

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 I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950107 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:** 2007 **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	50183.20		50.183.20	50.183.20
3	1408 Management Improvements	15.000		15.000	13.788.70
4	1410 Administration (may not exceed 10% of line 21)	25.000		25,000	22,597.65
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	162.908		162,908	125 106.74
10	1460 Dwelling Structures	16.000		16,000	13,851.20
11	1465.1 Dwelling Equipment—Nonexpendable	144.210		144.210	144 210 00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	43.495.80		43.495.80	43.495.80
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)	456.797		456,797	413 232 89
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				

[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 I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: NC19P03950107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:

Type of Grant
☐ Original Annual Statement ☐ Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Suzanne A. Gould	13 Apr 2011		

Part II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2007

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 [1]	Funds Obligated [2]	Funds Expended [2]	
	OPERATIONS	1406						
	Salaries for police officers/staff,		LS	50,183.20		50,183.20	50,183.20	
	benefits, supplies, equipment,							
	training, computer/software							
	MANAGEMENT IMPROVEMENT	1408						
	Drug Elimination		LS	10,000		10,000	10,000	
	Resident Advisory Training		LS	2,500		2,500	1,288.30	
	Staff Training		LS	2,500		2,500	2,500	
	ADMINISTRATION	1410						
	Training staff/commissioners,		LS	25,000		25,000	22,597.65	
	salaries							
	SITE IMPROVEMENT	1450						
NC039-1,2	Lawn & ground maintenance		LS	38,795.65	40,505.65	40505.65	40505.65	
NC039-1,2	Landscaping & irrigation		LS	26,204.35	24,494.35	24,494.35	22,017.09	
NC039-1,2	Fence repair		LS	3,000		3,000	1,304	
NC039-2	Replace asphalt (parking area)		LS	62,908		62,908	29,280	

[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 II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2007

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 [1]	Funds Obligated [2]	Funds Expended [2]	
NC039-1	Electrical Upgrade		LS	32.000		32.000	32.000	
	DWELLING STRUCTURES							
NC039-1.2	Replace roofing		LS	16.000		16.000	13.851.20	
	DWELLING EQUIPMENT	1465.1						
NC039-2	Ranges, refrigerators, hot		LS	40.000		40.000	40.000	
	water heaters							
	Install AC units & replace furnaces		38	104.210		104.210	104.210	
	NONDWELLING EQUIPMENT							
	Passenger bus - residents	1475	LS	43.495.80		43.495.80	43.495.80	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	09/12/09		09/12/2011		

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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 I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19PO3950108 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:** 2008 **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	45.834		45.834	45.834
3	1408 Management Improvements	17.000		17.000	13.708.51
4	1410 Administration (may not exceed 10% of line 21)	10.000		10,000	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	213.503		213,503	105.560.02
10	1460 Dwelling Structures	152.000		152,000	145,400
11	1465.1 Dwelling Equipment—Nonexpendable	20.000		20.000	20.000
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 [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)	458.337		458,337	328.852.23
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				

[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 I: Summary

PHA Name:	Grant Type and Number	FFY of Grant:
LEXINGTON HOUSING AUTHORITY	Capital Fund Program Grant No: NC19P03950108 Replacement Housing Factor Grant No: Date of CFFP:	2008 FFY of Grant Approval:

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
	Signature of Executive Director Susan A. Gould **Date** 13 April 2011		**Signature of Public Housing Director**		**Date**

Part II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2008

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 [1]	Funds Obligated [2]	Funds Expended [2]	
	OPERATIONS	1406						
	Police Officers, supplies/equipment,		LS	45,834	45,834	45,834	45,834	
	training, computer/software							
	MANAGEMENT IMPROVEMENT	1408						
	Drug Elimination			12,000	12,689.76	12,689.76	12,689.76	
	Resident Advisory Training			2,500		2,500	-0-	
	Staff Training			2,500	1,810.24	1,810.24	1,018.75	
	ADMINISTRATION	1410						
	Salaries, staff/comm training			10,000		10,000	-0-	
	SITE IMPROVEMENT	1450						
NC039-1,2	Lawn & ground maintenance			35,000	41,761.23	41,761.23	41,761.23	
NC039-1,2	Landscaping & irrigation			23,743		23,743	-0-	
NC039-1,2	Fence repair			5,500		5,500	-0-	
NC039-2	Replace asphalt (parking area)			66,260		66,260	-0-	
NC039-1	Replace sidewalks/driveways			10,000		10,000	640.49	
NC039-1,2	Repair electric wiring			56,000		56,000	56,000	

[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 II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2008

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 [1]	Funds Obligated [2]	Funds Expended [2]	
NC039-2	Guttering			17.000	10.238.77	10.238.77	7.158.30	
	DWELLING STRUCTURE							
NC039-2	Replace kitchen cabinets			90.000		90.000	90.000	
NC039-1.2	Replace tubs/shower walls			62.000		62.000	55.400	
	DWELLING EQUIPMENT	1465.1						
NC039-1.2	Ranges, refs, hot water heaters			20.000		20.000	20.000	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:** 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	06/12/10		06/12/12		

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:** 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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 I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: NC19P03950109 Replacement Housing Factor Grant No:	**FFY of Grant:** 2009 **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	45.546		21.764.55	20.481.75
3	1408 Management Improvements	15.000		10.305.53	10.305.53
4	1410 Administration (may not exceed 10% of line 21)	25.000		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	40.000		38.958.95	38.958.95
10	1460 Dwelling Structures	309.918		108,870.97	108,870.97
11	1465.1 Dwelling Equipment—Nonexpendable	20.000		20.000.00	15.106.37
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)	455.464		200,000.00	193.723.57
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				

[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 I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Date of CFFP: NC19P03950109	Replacement Housing Factor Grant No:	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant
Original Annual Statement ☐Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
Signature of Executive Director Date: 13 Apr 2011			Signature of Public Housing Director		Date

Part II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950109 CFFP (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		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
	OPERATIONS	1406	LS	45,546		21,764.55	20,481.75	
	MANAGEMENT IMPROVEMENTS	1408						
	Drug Elimination			12,500		10,305.53	10,305.53	
	Resident Advisory Training			2,500		-0-	-0-	
	ADMINISTRATION	1410						
	Salaries, staff/commissioner training			25,000		-0-	-0-	
	SITE IMPROVEMENT	1450						
NC039-1.2	Lawn & ground maintenance			40,000		38,958.95	38,958.95	
	DWELLING STRUCTURES	1460						
NC039-2	Replace flooring			64,918		770.00	770.00	
NC039-1	InstaLL fiberglass tub surround			90,000	92,155.00	92,155.00	92,155.00	
NC039-2	Install interior doors			65,000		-0-	-0-	
NC039-2	Repair roofing			30,000	758.91	758.91	758.91	
NC039-1	Replace receptacles & light fixtures			60,000		-0-	-0-	
NC039-2	Replace Kitchen Cabinets			-0-	27,086.09	15,287.06	15,287.06	

[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 II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950109 CFFP (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		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
	DWELLING EQUIPMENT	1465.1						
NC039-1.2	Ranges, refrigerators, w-heaters			20,000		20,000.00	15,106.37	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	09/14/2011		09/14/2013		

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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 I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: NC19S039501-09	Replacement Housing Factor Grant No:	**FFY of Grant:** 2009 **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	1,862.42		1,862.42	1,862.42
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,500.00		9,500.00	9,500.00
8	1440 Site Acquisition				
9	1450 Site Improvement	48,630.50		48,630.50	48,630.50
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	520,171.08		520,171.08	513,030.47
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)	580,164.00		580,164.00	573,023.39
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				

[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.

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
Expires 4/30/2011

Part I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: Date of CFFP: NC19S03950109	Replacement Housing Factor Grant No:	**FFY of Grant:** 2009 **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
	Signature of Executive Director Suzanne A. Gould **Date** 13 April 2011		**Signature of Public Housing Director**		**Date**

Part II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORTIY	**Grant Type and Number** Capital Fund Program Grant No: NC19S03950109 CFFP (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		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
	ADMINISTRATION	1410						
	Advertising		LS	1,862.42		1,862.42	1, 862.42	
	FEES AND COSTS	1430						
	Architect Fees		LS	9,500.00		9,500.00	9,500.00	
	SITE IMPROVEMENT	1450						
NC039-2	Replacement of transformers &		LS	48,630.50		48,630.50	48,630.50	
	wiring - Helen Caple							
	DWELLING EQUIPMENT	1465.1						
NC039-1	Replace HVAC units		LS	506,941.08		506,941.08	506,941.08	
NC039-1,2	Replace electric meters		LS	13,230.00		13,230.00	13,230.00	

[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 II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19S039501-09 CFFP (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		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:** 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	03/17/2010		03/17/2012		

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:** 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

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 I: Summary

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:** 2010 **FFY of Grant Approval:**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost [1]	
		Original	Revised [2]	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	45,455		6,918.22	-0-
3	1408 Management Improvements	27,500		25.00	25.00
4	1410 Administration (may not exceed 10% of line 21)	12,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	99,098		197.75	197.75
10	1460 Dwelling Structures	250,000		12,890.03	12,890.03
11	1465.1 Dwelling Equipment—Nonexpendable	20,000		-0-	-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 [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)	454,553		20,000.00	13,112.78
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				

[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 I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:**
LEXINGTON HOUSING AUTHORITY	Capital Fund Program Grant No: NC19P03950110 Replacement Housing Factor Grant No: Date of CFFP:	2010 **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/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 Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
Suzanne A. Gerald	13 April 2011		

Part II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2010

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 [1]	Funds Obligated [2]	Funds Expended [2]	
	OPERATIONS	1406						
	Salaries for police officers, supplies,		LS	44,455		6,918.22	-0-	
	equipment, training							
	MANAGEMENT IMPROVEMENTS	1408						
	Drug Elimination		LS	24,500		-0-	25.00	
	Resident Advisory		LS	3,000		-0-	-0-	
	ADMINISTRATION	1410						
	Salaries		LS	12,500		-0-	-0-	
	SITE IMPROVEMENT	1450						
NC039000001	Replace sewer lines & place		60	56,098	55,098	-0-	-0-	
	cutoffs outside							
HA WIDE	Sidewalks		LS	15,000		-0-	-0-	
HA WIDE	Landscaping, mowing,		LS	25,000	26,000	197.75	197.75	
	trimming trees, groundskeeping							
HA WIDE	Fencing		LS	3,000		-0-	-0-	

[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 II: Supporting Pages

PHA Name: LEXINGTON HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: NC19P03950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2010

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 [1]	Funds Obligated [2]	Funds Expended [2]	
	DWELLING STRUCTURES	1460						
NC039000001	Replace outlest/fixtures GFI		65	60,000		-0-	-0-	
HA WIDE	Washer/dryer hookups		LS	45,000		-0-	-0-	
HA WIDE	Replace commodes/fringes &		LS	105,000		-0-	-0-	
	bathroom sinks							
HA WIDE	Shutters		LS	30,000	27,109.97	-0-	-0-	
HA WIDE	Blinds		LS	10,000	12,890.03	12,890.03	12,890.03	
	DWELLING EQUIPMENT	1465.1						
HA WIDE	Ranges, refrigerators,		LS	20,000		-0-	-0-	
	hot water heaters							

[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 III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:** 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	07/12		07/14		

[1] 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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: LEXINGTON HOUSING AUTHORITY					**Federal FFY of Grant:** 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

[1] 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.

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the___ 5-Year and/or_X_ Annual PHA Plan for the PHA fiscal year beginning __7/1/2011_, 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.

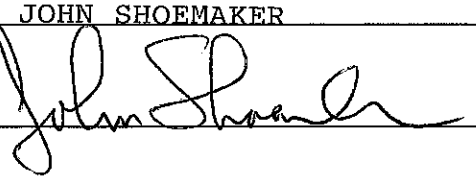
LEXINGTON HOUSING AUTHORITY
PHA Name

NC039
PHA Number/HA Code

____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

_x_ Annual PHA Plan for Fiscal Years 2011 - 2012

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
JOHN SHOEMAKER	CHAIRMAN
Signature	Date
	3/21/11

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

LEXINGTON HOUSING AUTHORITY
PHA Name

NC039
PHA Number/HA Code

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

Name of Authorized Official	Title
JOHN SHOEMAKER	CHAIRMAN
Signature [signature]	Date 3/21/11

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

I, Vickie Miller the Director of Community Investment (CI) certify that the Five Year and Annual PHA Plan of the Lexington Housing Authority is consistent with the Consolidated Plan of 2011-2015 State of North Carolina prepared pursuant to 24 CFR Part 91.

Vickie Miller 4/4/11

Signed / Dated by Appropriate State or Local Official

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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:	2. Status of Federal Action:	3. Report Type:
[B] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[ ] a. bid/offer/application b. initial award c. post-award	[A] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:

☐ Prime ☐ Subawardee
Tier _____, *if known*:

LEXINGTON HOUSING AUTHORITY
P. O. BOX 1085
LEXINGTON, NC 27293-1085

Congressional District, *if known*: 12

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*: N/A

6. Federal Department/Agency:

N/A

7. Federal Program Name/Description:

CFDA Number, *if applicable*: N/A

8. Federal Action Number, *if known*:

N/A

9. Award Amount, *if known*:

$

10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):

b. Individuals Performing Services (*including address if different from No. 10a*) (*last name, first name, MI*):

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 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: Terrance A. Gerald
Print Name: TERRANCE A. GERALD
Title: EXECUTIVE DIRECTOR
Telephone No.: 336-249-8936 Date: 13 Apr 2011

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

LEXINGTON HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

ANNUAL PLAN

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

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

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

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

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

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

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

Name of Authorized Official	Title
TERRANCE A. GERALD	EXECUTIVE DIRECTOR
Signature	**Date (mm/dd/yyyy)**
Terrance A. Gerald	13 April 2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

LEXINGTON HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

ANNUAL PLAN

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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

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

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

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	Title
TERRANCE A. GERALD	EXECUTIVE DIRECTOR

Signature: x Terrance A. Gerald

Date: 13 April 2011

form **HUD-50070** (3/98)

Resident Advisory Board Meeting
March 20, 2011

1. Dianna Caviness
2. Constance Threadgill
3. Cassandra Badger
4. Erica Anderson
5. Tina Allen
6. Christina Allen
7. Crystal Villeges
8. April Johnson
9. Josefina Villeges
10. Maricruz Villeges
11. Shakira Cook
12. Alicia Hughes
13. Shannon McNair
14. Taurian Merced

Meeting called to order by President: Dianna Caviness
Welcome
Old Business
New Business
What would you like to see the Lexington Housing Authority do in the next 5 years?

Five Year Plan Recommendations:
Hire residents as staff to work in LHA
Upgrade Computer Lab
Recreation Center
Install speed bumps
Activities for Eldery & Youth
Provide residents with LHA Photo I.D. cards
Mark parking spots for residents

Rianna Cavness
3-20-2011
President
Date

Cassandra Badger
3-20-2011
Secretary
Date