

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: Housing Authority of Bennettsville, SC		Grant Type and Number Capital Fund Program Grant No: SC16P015 501 08 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/28/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no.: ONE) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Original	Total Estimated Cost 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)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

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.

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 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: Housing Authority of Bennettsville, SC		FFY of Grant Approval: 2008	
Grant Type and Number Capital Fund Program Grant No: SCL6P015 501 08 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	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)	273,426.00	273,426.00	273,426.00	273,164.20
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	Signature of Public Housing Director		Date
<i>[Signature]</i>		04-05-2011	<i>[Signature]</i>		

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Part I: Summary			
PHA Name: Housing Authority of Bennettsville, SC	Grant Type and Number Capital Fund Program Grant No: SC16S015 501 09 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/28/2011	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:one) <input checked="" type="checkbox"/> Revised Annual Statement (revision no:one) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
		Summary by Development Account	Original	Total Estimated Cost	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)			2,000.00	727.15	727.15	727.15
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			25,000.00	24,146.00	24,146.00	24,146.00
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures			319,103.00	321,229.85	321,229.85	321,229.85
11	1465.1 Dwelling Equipment—Nonependable						
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						

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PHA Name: Housing Authority of Bennettsville, SC		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: SC16S015 501 09 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	
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)	346,103.00	346,103.00	346,103.00
21	Amount of line 20 Related to DBP 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	Signature of Public Housing Director	
<i>[Signature]</i>		04/05/2011	<i>[Signature]</i>	
Type of Grant		Revised Annual Statement (revision no: one)		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/28/2011		<input type="checkbox"/> Final Performance and Evaluation Report		

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PHA Name: Housing Authority of Bennettsville, SC		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No.: SCL6P015 501 09 Replacement Housing Factor Grant No:			
Date of CFP:			

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	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)	252,873.00	252,873.00	252,873.00	252,649.21
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	Signature of Public Housing Director		Date

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Part I: Summary		PHA Name: Housing Authority of Benettsville, SC		Grant Type and Number Capital Fund Program Grant No: SC16P015 501 10 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/28/2011	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:two) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		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)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonependable						
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						

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PHA Name: Housing Authority of Bennettsville, SC	Grant Type and Number Capital Fund Program Grant No: SC16P015 501 10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	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)	249,546.00	249,546.00	161,363.80	51,296.16
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		Signature of Public Housing Director	
<i>[Signature]</i>		04/15/2011		<i>[Signature]</i>	
				Date	

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Part II: Supporting Pages

PHA Name: Housing Authority of Bennettsville, SC		Grant Type and Number Capital Fund Program Grant No: SC16P015 501 10 CEFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FYP of Grant: 2010			Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised ¹	Total Actual Cost Funds Obligated ²	Funds Expended ²	Status of Work
PHA Wide	Advertise & Printing	1410		2,000.00	2,000.00			
PHA Wide	Audit	1411		1,000.00	1,000.00			
PHA Wide	A & E Designs, Specs. etc...	1430		21,546.00	21,546.00			
SC 15-3	Replace Windows (use existing screens)	1460		70,000.00	0.00			
PHA Wide	Replace Wash Box for Washing Machine	1460		30,000.00	0.00			
PHA Wide	Cement Drain Line Cleanouts	1450		9,000.00	0.00			
PHA Wide	Replace Playground Equipment	1475		60,000.00	0.00			
PHA Wide	Begin Landscaping	1450		36,000.00	52,000.00			
PHA Wide	Cont. Replacement of Interior Doors	1460			175,000.00	161,363.80		
SC 15-2	Replace deteriorated Sidewalks	1450		10,000.00	0.00			
SC 15-3	Replace deteriorated Sidewalks	1450		10,000.00	0.00			

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Part I: Summary		FFY of Grant: 2011	
PHA Name: Housing Authority of Bennettsville, SC		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: SCI6P015 501 11 Replacement Housing Factor Grant No: Date of CFP:			

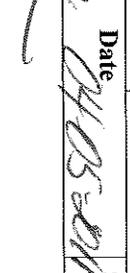
Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	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)			2,000.00			
5	1411 Audit			1,000.00			
6	1415 Liquidated Damages						
7	1430 Fees and Costs			18,000.00			
8	1440 Site Acquisition						
9	1450 Site Improvement			9,000.00			
10	1460 Dwelling Structures			232,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

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PHA Name: Housing Authority of Bennettsville, SC		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No.: SCL6P015 501 11 Replacement Housing Factor Grant No:			
Date of CFFP:			

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	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)	262,000.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		04/05/2011			
Date		Date		Date	

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Part II: Supporting Pages

PHA Name: Housing Authority of Bennettsville, SC		Grant Type and Number Capital Fund Program Grant No: SC16P015 501 11 CFPP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2011			
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
PHA Wide	Advertise & Printing	1410		2,000.00			
PHA Wide	Audit	1411		1,000.00			
PHA Wide	A & E Designs, Specs, etc...	1430		18,000.00			
SC 15-3	Begin Replacement of Windows (use existing screens)	1460	70	70,000.00			
PHA Wide	Replace Wash Box for Washing Machine	1460	154	40,000.00			
PHA Wide	Cement Drain Line Cleanouts	1450		9,000.00			
PHA Wide	Begin Replacement of damaged Trim	1460		35,000.00			
PHA Wide	Begin Replacement of Bathroom sinks/cabinets & Medicine Cabinets	1460	28	42,000.00			
PHA Wide	Replace Outside Hose Bits	1460	232	45,000.00			

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Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY __2011__	Locality (City/County & State)			Annual Up-Date	
			Work Statement for Year 2 FFY __2012__	Work Statement for Year 3 FFY __2013__	<input checked="" type="checkbox"/> Original 5-Year Plan Work Statement for Year 4 FFY __2014__	<input type="checkbox"/> Revision No: Work Statement for Year 5 FFY __2015__	
B.	Physical Improvements Subtotal	Annual Statement	237,000.00	225,000.00	177,000.00	180,000.00	
C.	Management Improvements						
D.	PHA-Wide Non-dwelling Structures and Equipment			12,000.00	60,000.00	32,000.00	
E.	Administration		25,000.00	25,000.00	25,000.00	25,000.00	
F.	Other						
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing -- Debt Service						
K.	Total CFP Funds		262,000.00	262,000.00	262,000.00	262,000.00	
L.	Total Non-CFP Funds						
M.	Grand Total		262,000.00	262,000.00	262,000.00	262,000.00	

REBECCA B. BRIGMAN, PH.D., S.H.M.
 Executive Director

[Handwritten Signature] 0405-2011

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary (Continuation)

PHA Name/Number Development Number and Name	Work Statement for Year 1 FFY 2011	Locality (City/county & State)		Work Statement for Year 2		Work Statement for Year 3		Work Statement for Year 4		Work Statement for Year 5	
		FFY 2012	FFY 2013	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2014	FFY 2015	FFY 2014	FFY 2015
	Annual Statement										
				2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
				22,000.00	22,000.00	22,000.00	22,000.00	22,000.00	22,000.00	22,000.00	22,000.00
				21,000.00				177,000.00		125,000.00	
				36,000.00				30,000.00		30,000.00	
				30,000.00						25,000.00	
								12,000.00		32,000.00	
										25,000.00	
				1,000.00				1,000.00		1,000.00	
								205,000.00			
				150,000.00				20,000.00			
										60,000.00	

REBECCA B. BRIGMAN, PH.M./S.H.M.
Executive Director

[Handwritten Signature] 04-05-2011

**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 Annual PHA Plan for the PHA fiscal year beginning 07/2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

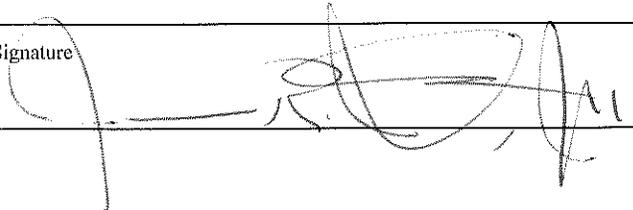
Housing Authority of Bennettsville, SC
PHA Name

SC015
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

X Annual PHA Plan for Fiscal Years 20 11 - 20 15

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
James R. Jenkins, Jr.	Chairperson/Board of Commissioners
Signature	Date
	04/05/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of Bennettsville, SC

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

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

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

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

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

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

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is 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 James R. Jenkins, Jr.	Title Board Chairperson
Signature 	Date 4/5/11

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by OMB
0348-0046

Reporting Entity: Housing Authority of Bennettsville, SC Page 1 of 1

NO LOBBYING ACTIVITIES

 04-15-2011

REBECCA B. BRIGMAN, P.N.W./S.N.M.
Executive Director

Authorized for Local Reproduction
Standard Form - LLL-A

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Housing Authority of Bennettsville, SC

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

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

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

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

Name of Authorized Official

Rebecca B. Brigman, PHM/SHM

Title

Executive Director

Signature



Date (mm/dd/yyyy)

04-05-2011

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

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

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

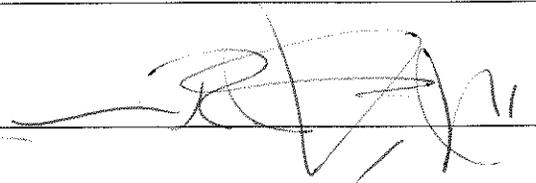
Housing Authority of Bennettsville, SC

SC015

PHA Name

PHA Number/HA Code

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

Name of Authorized Official	James R. Jenkins, Jr.	Title	Chairperson/Board of Commissioners
Signature			Date 04/05/2011

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, Ed Knight the Authorized Signatory of the SC State Housing
Finance and Development Authority certify that the ~~Five-Year~~ and
Annual PHA Plan of the Housing Authority of Bennettsville, SC is consistent with the Consolidated Plan of
State of South Carolina prepared pursuant to 24 CFR Part 91.

 3-30-11

Signed / Dated by Appropriate State or Local Official

Classifieds

\$6.50 for 20 words or less; 25¢ each additional word
CLASSIFIED AD DEADLINES
 Monday Edition Deadline Friday, 12:00 Noon
 Thursday Edition Deadline Wednesday, 12:00 Noon

479-3815

For Sale

HISTORY-ABOUT ORO COUNTY DURING VIL WAR Abounds In Bill Sherman March-A Review, At Shiness Gift Shop, 100 Fayetteville Ave., Bennettsville, SC 29512. **IMMEDIATE SALE-LOTS OF SHELFRING** "Some10" And this, 3-Foot, 4-Foot, 5-Foot \$2Per Linear Foot. Metal Brackets For Use With Glass 10"-\$2 Each, 12"-\$2.50 Each. Gift Shop, 100 Fayetteville Bennettsville. 343-479-3815.
AL MARLBORO COUNTY \$49.95. South Carolina 2 Afghans \$24.95. Shiness Gift Shop, 100 Fayetteville Ave., Bennettsville, SC 29512. 479-3815.
SOUTH CAROLINA'S MR'S. Shiness Gift Shop, 100 Fayetteville Ave., Bennettsville, SC 29512. 479-3815.
BLUE COFFEE MUGS Shiness Gift Shop, 100 Fayetteville Ave., Bennettsville, SC 29512. 479-3815.
RED OIL HEALING \$8.95 Shiness Gift Shop, 100 Fayetteville Ave., Bennettsville, SC 29512. 479-3815.
GREETING CARDS -40 CENTS, .65 CENTS. Gift Shop, 100 Fayetteville Bennettsville, SC 29512. 479-3815.
ESTON RICE SPOONS. Gift Shop, 100 Fayetteville Bennettsville, SC 479-3815.
JINA PLANTATION (JIC RICE, COW PEAS, GROUND CRITS. Shiness op, 100 Fayetteville Ave., Bennettsville, SC 479-3815.
STOCK-BISHOP GREGG'S RY OF THE OLD WEST The Original History Of Dee Area \$59.95. Shiness Gift Shop, 100 Fayetteville Avenue, Bennettsville, SC 29512. 843-479-3815.
SHIPMENT-CHROME (OBILE EMBLEMS Tiger, Shiners, Gamecock, Palmetto Tree & Moon \$19.95. Shiness Gift Shop, 100 Fayetteville Ave., Bennettsville, SC 29512. 479-3815.
SALE-TABLE & 4 \$395.00, SOFA \$85.00 New Mattress Set \$295.00, New Sofa Seat \$290.00, Chest Of Drawers Country Trader Furniture, 4018 Ridge Road, Wallace 537-5633.

Yard Sale

MOVING SALE-SAT-MARCH 19TH-1033 HWY 385 (LESTER) 7:00 AM. Furniture, Clothes, Books, Etc. Rain Or Shine.
YARD SALE-SATURDAY-MARCH 19TH FROM 7:30 UNTIL 3:00. 2022 Highway 9 Near Clio Country Club.
YARD SALE-SATURDAY-3/19/11-LANDMARK RESTAURANT 7:00 AM-Land.
YARD SALE-SATURDAY-MARCH 19, 2011 FROM 7:00-12:00 AT 309 E. Main Street Bennettsville.
MULTI-FAMILY YARD SALE FRIDAY & SATURDAY 10:00-2:00 4th Street Dunbar. Go Beside Block Building At Cross Roads Toward Dillon 1st Road To Right Is 4th Street.
YARD SALE-SATURDAY MARCH 19TH 8:00 AM-UNTIL 1:00 PM MAIN ST.-CLIO. Childrens & Adult Clothing All Sizes, Household Items.

Lost and Found

LOST DARK BLUE AND GREEN TARTAN PLAID WOOL SCARF Made In Scotland. If Found, Please Return To Bill Kinney, Jr. At Marlboro Herald Advocate.

Restaurant

CLAIR'S SOUL FOOD-SOUTHERN COOKING AND HOSPITALITY.

Apartment For Rent

Clio East Apartments in Clio and East Crest Apartments in McColl are now accepting applications. We have 1, 2, 3 & 4 bedroom units. Rent is based on your income. Laundry facilities on site. Elderly, disabled and low-income individuals are encouraged to apply. Applications will be accepted on Mondays and Wednesdays from 9:00 a.m. - 11:30 a.m. Please bring the following information with you to complete the application: Birth certificates & SS cards for all members, Picture ID for all adults and proof of all household income. For additional information, please contact the office at the number listed below.
We look forward to hearing from you!
Housing and Community Redevelopment Authority of Marlboro County & Housing Authority of McColl
 100 Woods Ave. Clio, SC 29525
 (P) 843-586-2674 x1401 (F) 843-586-9799

For Rent

BEUL 1, 2, 3 BEDROOM 4ENTS For rent. Air conditioned in quiet rural area. \$275-er month. Call 479-9629. & Section 8 Welcomed.
3 & MOBILE HOMES FOR Call 479-8543 After 6:00 PM. as Required.
ROOM FOR RENT- IES INCLUDED. Room 1With Microwave, Refrigerator, asic Cable, Living Room. Call Between 9:00 AM & Call Between 862-3758. Appt.

Wanted

D SEVERAL PIECES OF ENTIAL IRON FENCING. sey, Jr. Tel. (843) 479-3815.

Real Estate

LAWSON STREET, ITSVILLE 3 BR, 1 Bath On Lot. Financing Available With wa Payment And No Closing Qualified Buyers. If Interested, 30-283-6552.

Help Wanted

JOBS-JOB NO FENCE NEEDED. Accepting tool Juniors, Seniors, Grads & \$20,000 Bonus! Call The SC Guard. SFC McCall 843-319-843-537-1197 Or 2-GUARD.
IN 15 DAYS. DRIVER ES NEEDED AT EIDER NATIONAL 3RD! No Experience Needed. Training Thru TDI. 1-888-

Mobile Home Rent

TWO AND THREE BEDROOM Mobile homes for rent- COMPLETELY FURNISHED. REAL NICE GOOD NEIGHBORHOOD. Call 479-7864.
FOR RENT-LARGE DOUBLEWIDE-4 LARGE BEDROOMS-2 FULL BATHS-CENTRAL HVA Nice Area, W/Washer & Dryer \$500.00 Month. Call (943)479-7353 Or (843)-862-3758. Appt. Only. No Pets.
FOR RENT-3-2 BEDROOM TRAILERS To Move In All You Need Is \$260.00 & Put Electric Lights In Your Name. No Dogs. 479-7305

Mobile Home Sale

2011 14X80 SINGLEWIDE SET UP WITH A/C. \$3,500.00 Down \$301.00 A Month 15 Years W.A.C. Call 479-8487.
2011 5. BEDROOM 28X80 DOUBLEWIDE. Setup With A/C For \$58,850 Call 479-8487.
2000 HOMESTEAD-3 BRS-2 FULL BATHS-FIREPLACE-BEAUTIFUL OPEN FLOOR PLAN New Storage Building, Carport, 1.4 Acres 155 Hood St., Blenheim, SC Call 910-205-0024.

Northside Realty

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 Hillcrest Apartments and Northwood Townhouses
VOUCHERS WELCOME
 • 1, 2 & 3 Bedrooms
 • Fully Carpeted
 • Electric Heat & Air
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 • Range & Refrigerator
 Furnished
 Office Hours
 8:00am-4:30pm Mon.-Fri.
 903 Oakwood Street
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Scism Mini-Warehouses

447 Highway 38 South Units available from 50 to 400 sq. ft.
10'x10' - \$50.00
 Fenced and Gated Facility
 Phone: 479-8376 or 479-7809

Rental Office

304 S. Parsonage Street Bennettsville, SC 29512

It's Time for Beach Week!

Oceanfront Beach Homes & Condos. Best Selection, Service and Rates!
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\$40,000 / Yr.
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1-866-679-6593
 www.landair.com

NOTICE

The regulary scheduled meeting of the Marlboro Soil and Water Conservation District are held at 7:00 pm (EST), 7:30 pm (DST) on the third Tuesday night of the month at the District Office located at 210 Throop Street, Bennettsville, SC. The meetings are open to the public. The Marlboro Conservation District prohibits discrimination on the basis of race, color, national origin, sex, religion, age, disability, political beliefs and marital or familial status.

First Shift Cook Wanted

Must have experience, references, provide own transportation, provide criminal background check and pass drug test. Send resume to:
 "Cook"
 P.O. Box 656
 Bennettsville, SC 29512

Help Wanted

Experienced Corrugated Operators and Helpers needed immediately. Please send resumes to:
 Carolina Container Company
 P.O. Box 1625
 Laurinburg, NC
 Attention: Lori Vann or apply in person.

ASSISTANT MANAGER NEEDED

Assistant manager needed by the Bennettsville branch of World Finance. Valid license and auto required. This is a manager trainee position and a career opportunity that offers excellent salary and a complete fringe benefit package. Promotion to Manager possible within 15 months. No experience necessary. For appointment contact Shawn Preston at 843-479-8351.

The Housing Authority of

Bennettsville, South Carolina has prepared for public review and comments an Annual Plan Up-date. These documents are posted and available for review from 03/14/11 to 05/16/11 at the Housing Authority's office located at 253 Fletcher Street. A public hearing will be held at the Housing Authority's office on 03/21/11 at 5:30 pm to receive any public comments on these documents. The Housing Authority provides **Equal Opportunity Housing** for families needing rental assistance.

Contact us at the paper.

Advertising
843-479-3815
 fax: 843-479-7671
 Mon.-Fri. 8am-6pm
 We'd love to hear from you.
Marlboro Herald-Advocate
 100 Fayetteville Avenue
 Historical Downtown Bennettsville

Northside Realty

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 Hillcrest Apartments and Northwood Townhouses
VOUCHERS WELCOME
 • 1, 2 & 3 Bedrooms
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 903 Oakwood Street
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Scism Mini-Warehouses

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Domtar

Potential to make \$35k+ first year - plus great benefits!!
Tatum Converting & Distribution

Domtar Tatum Converting & Distribution will be accepting applications for openings in our Production area.

Minimum Requirements:

- Industrial experience required - 3 years out of the last 5 years of employment
- Provide a High School Diploma or a General Equivalency Diploma.
- Work in various working environments.
- Wear appropriate personal protective equipment.
- Work in a team environment.
- Basic computer and communication skills.
- Good mechanical troubleshooting skills.
- Work a 12 hour rotating shift that includes weekends and holidays.
- Follow company, state, and federal safety rules and regulations.
- Job requires communication in English.
- Job requires bending, lifting and carrying of at least 60 pounds.
- Photo ID required
- Candidates will be selected through a process which includes various test, board interview, background check and drug screen.

Domtar Paper Company LLC offers competitive wage and benefits packages to include:

- Comprehensive health insurance package, life, dental and vision insurances.
- Excellent 401K Plan
- Pension Plan

03/10/2011

NOTICE TO RESIDENTS
of
ANNUAL PLAN PUBLIC HEARING

This is to notify Residents of the Housing Authority of Bennettsville at Westwood Park and Evergreen Court that a Public Hearing will be held on **Monday, March 21, 2011 at 5:30PM** at the Community Room at 253 Fletcher Street, Bennettsville, S.C. to review the Annual Plan update. This plan involves an application to HUD for Modernization funds to make improvements to our units and offers Residents an explanation of the plan and, an opportunity to make comments or suggestions before final approval.

March 16, 2011

The Housing Authority of Bennettsville
253 Fletcher Street
Bennettsville, SC 29512

Re: Annual Plan

The Resident Advisory Board met on March 14, 2011, we reviewed the Annual Plan at this time and seem to find that everything is going according to plans, so we are very please plans as outlined.

Some residents expressed their concerns about putting handles on the storage room doors, brick in the place where the window air condition were, putting privacy dividers on porches, and maybe looking into parking permits.

Letters were sent out asking for new members to join the Resident Advisory Board and we had several that would be interesting.

Respectful submitted

Willie Mae Ellison
Resident Board Chairman

A handwritten signature in cursive script that reads "Willie Mae Ellison". The signature is written in dark ink and is positioned to the right of the typed name.

Sign In Sheet
For: Public Hearing on Annual Update
March 21, 2011 @5:30 PM

Please Sign in Below

Catherine McRae



Juliette B. Bingham

Yvonne Benjamin

Linda Moses

Patricia Rogers

Marion Ward

Lillie M. Jones

Shirley R. Isaac

Keith Lewis

Tanya York

Wonne M. Campbell

Wendy M. Ellison