

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Easley Housing Authority</u> PHA Code: <u>SC053</u> PHA Type:																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>100</u> Number of HCV units: <u>None</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 10%;">PH</th> <th style="width: 10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:					
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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <u>The Housing Authority will continue to provide safe, decent and sanitary living condition for the residents at Westgate Apartments.</u>																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  We are working on site improvement by adding curb appeal throughout the community. We will install several block structural retaining walls with black metal decorative fencing on top for safety and appearance. The walls will control erosion as well as add beauty in the community. We will also enclose a old exiting basketball court concrete slab with a wooden privacy fence and use this area to provide space for the trash dumpster. This will allow us to remove the dumpsters from the streets and from the front of the apartments and add beauty. We will continue with landscaping and sod throughout the community.  We will also install stackable washers and dryers in each unit to provide for a more convenient life style as well as providing a pleasant look on the outside by removing the unattractive clothes lines.  We have completed installing furnaces, water heaters, renovating kitchens and bathrooms and will continue with upgrades to keep the property in a safe, decent and sanitary condition.																										
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <u>We revised the plan to include metal fencing to be placed on top of retaining walls for safety to keep residents from sitting and falling off wall.</u>  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <u>Copies of the plan may be obtained at the central office located at 103 Wallace Drive, Easley, SC 29640 between 8:30 am to 5:00 pm Monday through Friday.</u>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> We are not involved in the projects at this time																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										

8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The housing need varies on size, health issues, and location. One of our agency partners has the Section 8 HCV program in Pickens County and we will continue to work with them in trying to meet the needs of those on the waiting list. We will continue to fill our vacate units from our waiting list in a continuous and speedy manner and help make the transition for the applicant as smooth as possible.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> We will continue to do referrals to surrounding agencies and complexes to house those on the waiting list according to availability.</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. The progress in meeting the Mission and Goals has been very good with the Capital Fund Program (CFP) Grants as for as providing safe, decent and sanitary living conditions. In order to provide more affordable housing, there is a need for funding to build.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>Residents have asked the question “will the Housing Authority buy washers and Dryers because there is no laundry matt close to the community”. This question has been submitted to HUD. If approved, the housing authority will purchase and have installed as requested.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>



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

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

<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of Easley PO Box 1060 Easley SC, 29641</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009 FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	35,000	35,000	35,000	35,000
3	1408 Management Improvements	15,000	15,000	15,000	15,000
4	1410 Administration (may not exceed 10% of line 21)	15,858	15,858	12,500	12,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	47,000	50,728	50,728	50,728
10	1460 Dwelling Structures	3,728			
11	1465.1 Dwelling Equipment—Nonexpendable	41,995	41,995	41,995	41,995
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of Easley PO Box 1060 Easley SC, 29641	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (        ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	158,581		158,581	158,581
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 03/14/2011</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Easley PO Box 1060 Easley SC, 29641			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
SC053	Operation	1406		35,000	35,000	35,000	35,000	Completed
	Management Improvement	1408						
	Commissioner/Staff Training			15,000	15,000	15,000	15,000	Completed
	Administration							
	Administration Salaries	1410		15,000	15,858	12,250	12,500	Completed
	Site Improvement	1450		47,000	50,728	50,728	50,728	Completed
	Lawn Care							
	Retaining wall							
	Dwelling Structure	1460						
	Repair/Replace gutters/down spout			3,728	0	0	0	
	Dwelling Equipment Non-Expandable	1465.1						
	Replace water heater/Furnace			41,995	41,995	41,995	41,995	Completed



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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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<b>Part I: Summary</b>						
<b>PHA Name: Housing Authority of Easley</b> PO Box 1060 Easley SC, 29641		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	30,000	0			
3	1408 Management Improvements	15,000	15,000	537.14	537.14	
4	1410 Administration (may not exceed 10% of line 21)	15,618	15,618			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	90,564	122,457.84	96,042.04	96,042.04	
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	5,000	3,106.16	3,106.16	3,106.16	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

U.S. Department of Housing and Urban Development

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of Easley PO Box 1060 Easley SC, 29641		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	156,182	156,182	99,685.34	99,685.34
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 03/028/2011</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Easley PO Box 1060 Easley SC, 29641			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
SC053	Operation	1406		30,000	30,000			
	Management Improvement Commissioner/Staff Training	1408		15,000	15,000	537.14	537.14	
	Administration Administration Salaries	1410		15,618	15,618			
	Site Improvement Lawn Care/Grass Cutting Retaining walls/side walk Labor for ground maintenance	1450		90,564	122,457.84	96,042.04	96,042.04	
	Dwelling Equipment-Non-Expandable Replace stove/refrigerators	1465.1		5,000	3,106.16	3,106.16	3,106.16	
	<b>Total</b>			<b>156,182</b>	<b>156,182</b>	<b>99,685.34</b>	<b>99,685.34</b>	

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

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





<b>Part I: Summary</b>	
PHA Name: Housing Authority of Easley PO Box 1060 Easley SC, 29641	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350111 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:    )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	15,000			
4	1410 Administration (may not exceed 10% of line 21)	15,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	36,182			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	90,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>Housing Authority</b> <b>of Easley</b> <b>PO Box 1060</b> <b>Easley</b> <b>SC, 29641</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350111 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2011</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
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)	156,182			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 03/07/2011</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Easley PO Box 1060 Easley SC, 29641			<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350111 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
SC053	Operation	1406						
	Management Improvement Commissioner/Staff Training	1408		15,000				
	Administration Administration Salaries	1410		15,000				
	Site Improvement Landscaping /Grass Cutting/Labor Metal Fencing	1450		24,182 12,000				
	Dwelling Equipment-Non-Expandable Stackable washer & Dryers	1465	99	90,000				
	<b>Total</b>			<b>156,182</b>				

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

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



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

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

<b>Part I: Summary</b>						
PHA Name/Number Easley Housing SC053		Locality (City/County & State) Easley, Pickens, SC			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name SC053 Westgate	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY <u>2012</u>	Work Statement for Year 3 FFY <u>2013</u>	Work Statement for Year 4 FFY <u>2014</u>	Work Statement for Year 5 FFY <u>2015</u>
B.	Physical Improvements Subtotal	Annual Statement	<u>Operations</u>	<u>Operations</u>	<u>Operations</u>	<u>Operations</u>
C.	Management Improvements		<u>Management Improvement</u>	<u>Management Improvement</u>	<u>Management Improvement</u>	<u>Management Improvement</u>
D.	PHA-Wide Non-dwelling Structures and Equipment		Commissioners/Staff Training	Commissioners/Staff Training	Commissioners/Staff Training	Commissioners/Staff Training
E.	Administration		<u>Administration</u>	<u>Administration</u>	<u>Administration</u>	<u>Administration</u>
F.	Other		Administrative Salaries	Administrative Salaries	Administrative Salaries	Administrative Salaries
G.	Operations		<u>Site Improvement</u>	<u>Site Improvement</u>	<u>Site Improvement</u>	<u>Site Improvement</u>
H.	Demolition		Landscaping/lawn Care/ /Patio Slab with privacy fence	Landscaping/Lawn Care/Patio Slab with privacy fence	Lawn Care/Landscaping	Lawn Care/Landscaping
I.	Development					
J.	Capital Fund Financing – Debt Service		<u>Dwelling Equipment Non-Expandable</u>	<u>Dwelling Equipment Non-Expandable</u>	<u>Dwelling Structure</u>	<u>Dwelling Structure</u>
K.	Total CFP Funds		Stoves/Refrigerators	Stoves/Refrigerators	Upgrade Electrical	Upgrade Electrical
L.	Total Non-CFP Funds					
M.	Grand Total					









**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 4/1/11, 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.

Easley Housing Authority  
PHA Name

5C053  
PHA Number/HA Code

     5-Year PHA Plan for Fiscal Years 20     - 20      
 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
<u>LARRY McFadden</u>	<u>Vice Chairman</u>
Signature	Date
<u>[Handwritten Signature]</u>	<u>12/20/2010</u>

# Easley Housing Authority



103 Wallace Drive  
P.O. Box 1060  
Easley, SC 29641  
Ph: 864-855-0629  
Fax: 864-855-0864

## COMMISSIONERS:

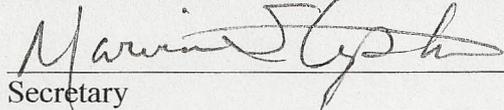
Sharon Hawthorne  
Larry McFadden  
Dr. Daniel Lee  
Dr. James Williams  
Jan Crowe

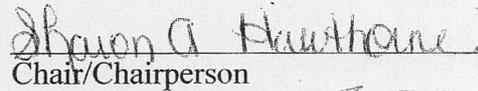
Executive Director  
Marvin Stephens

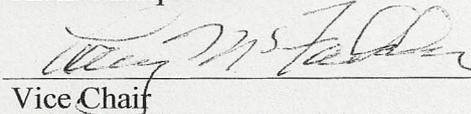
## RESOLUTION #6-10

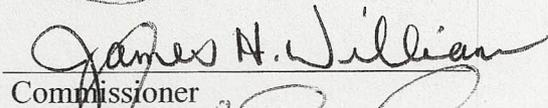
**BE IT RESOLVED** by the Board of Commissioners of the Easley Housing Authority to accept the Annual Plan and certifications as policy for FYE 2011.

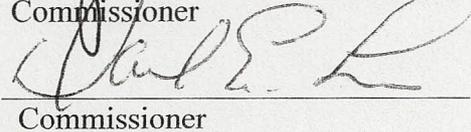
**BE IT FURTHER RESOLVED** that the Board of Commissioners accepts and adopt as policy on this 20<sup>th</sup> day of December, 2010.

  
Secretary

  
Chair/Chairperson

  
Vice Chair

  
Commissioner

  
Commissioner

\_\_\_\_\_  
Commissioner

**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:*

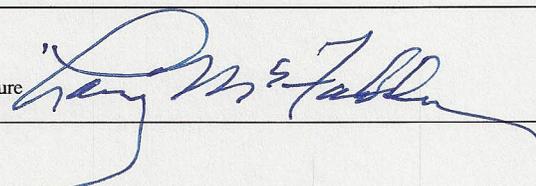
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Easley Housing Authority

SC053

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 <b>Larry McFadden</b>	Title <b>Vice-Chairman</b>
Signature 	Date <b>12/20/2010</b>

**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, Larry Bagwell the Mayor certify that the Five Year and  
Annual PHA Plan of the Easley Housing Authority is consistent with the Consolidated Plan of  
City of Easley prepared pursuant to 24 CFR Part 91.

  
Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Easley Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program (CFP)

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)

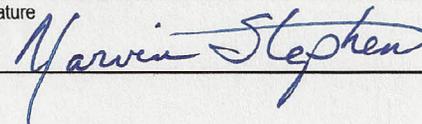
Name of Authorized Official

Marvin Stephens

Title

Executive Director

Signature

X 

Date

12/20/2010

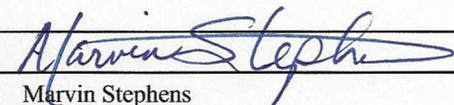
**DISCLOSURE OF LOBBYING ACTIVITIES**

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> na a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> na a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> na a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 3	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> n/a  Congressional District, if known: n/a	
<b>6. Federal Department/Agency:</b> n/a	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: n/a	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  n/a	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): n/a	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Marvin Stephens</u> Title: <u>Executive Director</u> Telephone No.: <u>(864) 855-0629</u> Date: <u>12/20/2010</u>	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Easley Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program (CFP)

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)

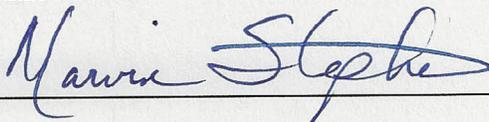
Name of Authorized Official

Marvin Stephens

Title

Executive Director

Signature



Date (mm/dd/yyyy)

02/01/2011

Previous edition is obsolete

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

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**

<b>PHA Name:</b> Housing Authority of Easley PO Box 1060 Easley SC, 29641	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2011 FFY of Grant Approval:
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**Type of Grant**

Original Annual Statement
  Reserve for Disasters/Emergencies
  Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending:
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	156,182			
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 <i>Marvin Sledge</i>	Date 12/31/2010	Signature of Public Housing Director	Date
--	-----------------	--------------------------------------	------

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

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

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

**Part I: Summary**

PHA Name: Housing Authority of Easley PO Box 1060 Easley SC, 29641	Grant Type and Number Capital Fund Program Grant No: SC16P05350109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
---	--	---

Type of Grant

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no: 1 )

Performance and Evaluation Report for Period Ending:                     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	158,581		152,392	152,392
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 <i>Marvin Stephen</i>	Date 12/31/2010	Signature of Public Housing Director	Date
---	-----------------	--------------------------------------	------

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

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

U.S. Department of Housing and Urban Development

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

**Part I: Summary**

<b>PHA Name:</b> <b>Housing Authority</b> <b>of Easley</b> <b>PO Box 1060</b> <b>Easley</b> <b>SC, 29641</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P05350110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>
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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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	158,581		60,340.43	60,340.43
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 <i>Marvin Stephens</i> Date 12/31/2010	Signature of Public Housing Director _____      Date _____
--	--

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

# Easley Housing Authority



103 Wallace Drive  
P.O. Box 1060  
Easley, S.C. 29641  
Ph: 864-855-0629  
Fax: 864-855-0864

COMMISSIONERS:

SHARON MORGAN  
DAVID L. McFADDEN  
DR. DANIEL LEE  
JAN CROWE  
JAMES WILLIAMS

Executive Director  
MARVIN STEPHENS

December 9, 2010

To all Residents  
Westgate Apartments

Dear Residents:

**Very Urgent**

**Meeting for Annual Plan**

.A meeting has been scheduled to give you an opportunity to voice your opinion and to comment on changes that you find to enhance the plan for the upcoming year on our Capital Fund Program (CFP) grant. This is the funding use for upgrading and renovations programs. All comments will be reviewed and changes will be made to include your concerns in the policy. If you are unable to attend the meeting, the plan will be available for your review upon your request.

A meeting has been scheduled for:

**Monday-December 13, 2010, 10:00am, 2:00pm and 5:30pm in the Community Room**

**If you cannot attend, please feel free to contact me personally with your concerns.**

Your participation will be greatly appreciated.

Sincerely,

A handwritten signature in blue ink that reads "Marvin Stephens". The signature is fluid and cursive.

Marvin Stephens  
Executive Director

### **Comments from Residents**

A question has continued to arise since we installed dryer receptacles in the units. Residents are requesting that the housing authority purchase stackable washers and dryers.

### **Review**

The PHA has asked the local field office if the agency can use funding out of the Capital Fund Program (CFP) grant to purchase the washers and dryers and place them on inventory with appliances.

Waiting to hear from HUD

**Marvin Stephens**

---

**From:** "Marvin Stephens" <mstephenseha@bellsouth.net>  
**To:** "Dyal, Bernard R" <Bernard.R.Dyal@hud.gov>  
**Sent:** Friday, September 17, 2010 9:21 AM  
**Subject:** Appliances  
Mr. Dyal,

I can't find any written information on what is or is not considered appliances so I through I'd just ask.

In our past renovation we've installed dryer hook-ups and placed them beside the already exiting washer hook-ups. Unfortunately, the floor plans design will not accommodate a regular or full size washer and dryer but it will accommodate the smaller stackable washers and dryers.

So my question is can we purchase stackable washers and dryers with CFP funds and add to our inventory with stove, refrigerators and water heaters? This will also help eliminate the clothes lines outside as for appearance, and safety.

Thanks

Marvin Stephens  
Executive Director  
Easley Housing Authority  
864-855-0629 Office

# Easley Housing Authority



103 Wallace Drive  
P.O. Box 1060  
Easley, SC 29641  
Ph: 864-855-0629  
Fax: 864-855-0864

## COMMISSIONERS:

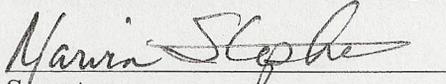
SHARON MORGAN  
LARRY MCFADDEN  
DR. DANIEL LEE  
JAMES WILLIAMS  
JAN CROWE

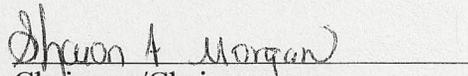
Executive Director  
MARVIN STEPHENS

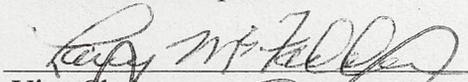
## RESOLUTION #1-10

**BE IT RESOLVED** by the Board of Commissioners of the Easley Housing Authority to adopt Section 603 Title VI, Violence Against Women and Department of Justice Reauthorization Act of 2005 Amending Section (5) (A) of the U.S. Housing Act of 1937 (VAWA) be included in the Public Housing Admission and Continued Occupancy Policy as an additional requirement under the above mentioned Section.

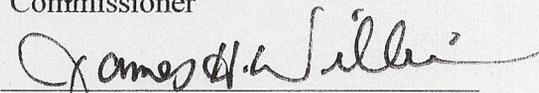
**BE IT FURTHER RESOLVED** that the Board of Commissioners accepts and adopt this policy on this 19<sup>th</sup> day of April, 2010.

  
Secretary

  
Chairman/Chairperson

  
Vice Chair

  
Commissioner

  
Commissioner

  
Commissioner

# *Easley Housing Authority*



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Dr. Daniel Lee  
Dr. James Williams  
Jan Crowe

Executive Director  
Marvin Stephens

## Violence Against Women Act (VAWA)

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

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

Easley Housing Authority will provide decent and affordable housing for victims of domestic violence, dating violence and stalking by making referrals to agency partners based on client needs and educating staff on the seriousness of the victim situations to assure the effectiveness of the support.

### Services/Programs/Activities:

- Upon approval by the victims, The Housing Authority will keep a current list of victims and will conduct periodic visits to the resident for detection of non-reported incidents.
- Have agency partners to conduct onsite training for staff and clients to increase awareness of domestic violence, dating violence and stalking.
- Make referrals to agency partners based on clients needs.
- Advise victims to report any incidents and participate in counseling programs.

## B. Public Housing Identical Amendments:

### 1. Admission, Occupancy, and Termination of Assistance Policies

- Being a victim of domestic violence, dating violence, or stalking, as defined in law (hereafter collectively referred to as "abuse"), is not a basis for denial of assistance or admission to public or assisted housing if the applicant otherwise qualifies for assistance or admission;
- Incidents or threats of abuse will not be construed as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of abuse; and
- Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that abuse.

### 2. Right and responsibilities of the PHA

- The PHA may "bifurcate" a lease under this section, or remove a household member from a lease under this section, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victims of such violence who is also a tenant or lawful occupant, and such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by federal, state, and local law for the termination of leases or assistance under the relevant program of HUD-assisted housing.

### 3. Certification of Abuse and Confidentiality.

The individual is required to certify that they are victims of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information, and the victim must provide the certification within 14 business days after the individual receives a request for such certification from the PHA.

Without the certification, a PHA may terminate assistance. All information provided to the PHA will be confidential. The statute allows for the victim to self-certify and also allows for the certification requirement to be satisfied with the documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of

domestic violence, dating violence, or stalking has signed or attested to the documentation. The statute also allows for the certification requirement to be satisfied by producing a federal, state, tribal, territorial, or local police or court record.

Definitions:

Domestic Violence:

Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws under the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence:

Violence committed by a person;

(A) Who is or has been in a social relationship of a romantic or intimate nature  
With the victim;

(B) where the existence of such relationship shall be determined based on a  
consideration of the following factors:

- (i) The length of the relationship;
- (ii) The type of relationship; and
- (iii) The frequency of interaction between the persons involved in the  
Relationship

Stalking:

(A)(i) To follow, pursue, or repeatedly commit acts with the intent to kill, injure,  
harass, or intimidate another person; or

(ii) to place under surveillance with the intent to kill, injure, harass, or  
intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance, or  
repeatedly committed acts, to place a person in reasonable fear of the  
death of, or serious bodily injury to, or to cause substantial emotional  
harm to

- (i) that person
- (ii) another member of the immediate family of that person; or
- (iii) the spouse or intimate partner of that person.

# Easley Housing Authority



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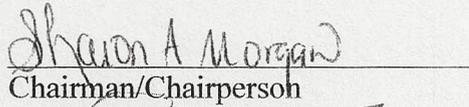
## RESOLUTION #2-10

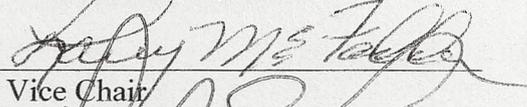
**BE IT RESOLVED** by the Board of Commissioners of the Easley Housing Authority to adopt as policy the steps it will follow for Substantial Deviation and Significant Amendment to be included in its Annual and 5-Year Plan.

**THEREFORE, LET IT ALSO BE RESOLVE** that the Easley Housing Authority will include how the PHA will move forward with items that are considered a substantial deviation/amendment to the PHA Plan.

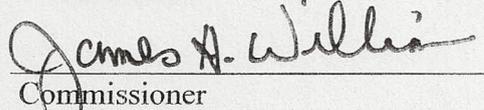
**BE IT FURTHER RESOLVED** that the Board of Commissioners accepts and adopt this policy on this 19<sup>th</sup> day of April, 2010.

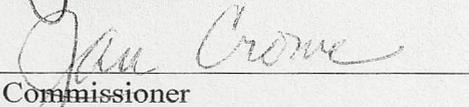
  
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## **“Substantial Deviation” and “Significant Amendment”**

When the Easley Housing Authority find it necessary to deviate from the original Annual or Five-5 Year Action Plan due to reasons beyond the PHA’s control, the agency will continue to move forward on work items that’s in the plan or falls under the following categories without Resident Advisory Board (RAB) approval or a public hearing:

### **Categories**

- (1) Estimates of job are more than budgeted
- (2) Cost of material and supplies are more than budgeted
- (3) Increase/decrease in funding for fiscal year
- (4) Change in management
- (5) Emergency or Non-emergency work items

### **Method:**

- We will use the small purchase method in the approved Procurement Policy based on the estimate being less than \$100,000 and go out for bids on purchases above this threshold.
- For cost analysis we will use the three lowest estimates received for doing the job as a base for the cost of construction, repairs/replacements.
- For increase/decrease in funding we will revise the budget line items in accordingly, depending on the actual amount of funds.
- If changes in the new administration does not provide adequate time to carry out the mission the PHA will make adjustment to the plan to carry out the mission.
- If a situation arises which require immediate attention or where the PHA can make an amendment on items that needs to be move ahead of other and/or an omission that needs to be added to the plan.