

PHA 5-Year and Annual Plan 2011 Tn016v01	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
---	---	--

1.0	PHA Information PHA Name: <u>Sweetwater Housing Authority</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2011</u> PHA Code: <u>TN016</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>158</u> Number of HCV units: <u>58</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <u>NA</u> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <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:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <u>The mission of the SHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</u>																										
5.2	<p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>FY 2011-2015 GOALS AND OBJECTIVES</p> <p>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</p> <p><input type="checkbox"/> PHA Goal: Expand the supply of assisted housing Objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apply for additional rental vouchers: <input type="checkbox"/> Reduce public housing vacancies: <input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities: <input type="checkbox"/> Acquire or build units or developments <input type="checkbox"/> Other (list below) <p><input checked="" type="checkbox"/> PHA Goal: Improve the quality of assisted housing Objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improve public housing management: (PHAS score) <input type="checkbox"/> Improve voucher management: (SEMAP score) <input type="checkbox"/> Increase customer satisfaction: <input type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) <input checked="" type="checkbox"/> Renovate or modernize public housing units: <input type="checkbox"/> Demolish or dispose of obsolete public housing: <input type="checkbox"/> Provide replacement public housing: <input type="checkbox"/> Provide replacement vouchers: <input type="checkbox"/> Other: (list below) <p><input type="checkbox"/> PHA Goal: Increase assisted housing choices Objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide voucher mobility counseling: <input type="checkbox"/> Conduct outreach efforts to potential voucher landlords <input type="checkbox"/> Increase voucher payment standards <input type="checkbox"/> Implement voucher homeownership program: <input type="checkbox"/> Implement public housing or other homeownership programs: <input type="checkbox"/> Implement public housing site-based waiting lists: 																										

- Convert public housing to vouchers:
- Other: (list below)

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

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

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

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

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

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

Other PHA Goals and Objectives: (list below)

PHA Goal: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments.

Objectives:
Incorporate, when applicable, Energy Star Program qualified products and practices.

STATEMENT OF PROGRESS IN MEETING GOALS AND OBJECTIVES

Objective – Renovate or modernize public housing units: The SHA has continually upgraded its public housing units through the Comprehensive Grant Program as well as the Capital Funds Program. All modernization activities are addressed in accordance with need as well as residents' requests in all developments.

Objective – Increase the number and percentage of employed persons in assisted families: Under the Authority's ACOP, the SHA has adopted rent policies to support and encourage work. These rent policies include "flat rents", which are an incentive for families to work without the burden of paying high rents. Additionally, the SHA gives preference to working families to help increase the number of employed persons in assisted housing.

Objective – Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability: The SHA's operations and management, inspections, maintenance and modernization programs are spread equally among all developments.

Objective - Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments: The SHA will incorporate, when applicable, Energy Star Program qualified products and practices when performing rehabilitation, repair and replacement in their public housing developments.

6.0

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

Eligibility, Selection and Admissions Policies: The SHA has revised their ACOP, Public Housing Dwelling Lease, Pet Policy and Trespass Policy. The SHA Board of Commissioners approved these revisions after the thirty (30) day resident comment period.

Financial Resources: The SHA Financial Statement including PHA Operating and Capital Funds, Section 8 Funds, Rental Income, Investments etc. change on an annual basis. The SHA maintains this information on file and makes it available for HUD and public review at the SHA Administration Office.

Fiscal Year Audit: The SHA's most recent Audit is on file at the SHA Administration Office and is available for HUD and public review.

	<p>Violence Against Women Act (VAWA): The SHA has completed the required VAWA Policy which is attached along with a description on how the SHA serves the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Sweetwater Housing Authority Administration Office, #3 Valley View Village Drive, Sweetwater, Tennessee 37874</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not Applicable: The SHA is not participating in any of the above listed programs.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached Forms HUD 50075.1 for FFY 2011 and all open CFP Grants.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached Form HUD 50075.2 for Five-Year CFP.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><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> <p>Not Applicable</p>

9.0

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

The SHA has consulted with the State of Tennessee 2005-2010 Consolidated Plan for Housing and Community Development (developed by the THDA) in an effort to identify specific housing needs. Housing needs data for the SHA and this Agency Plan has also been developed from the 2000 Census and the SHA current public housing and Section 8 waiting lists. See tables below:

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall*	Afford-ability	Supply	Quality	Access-ibility	Size	Location
Income <= 30% of AMI	146	3	3	2	1	NA	NA
Income >30% but <=50% of AMI	120	2	2	2	1	NA	NA
Income >50% but <80% of AMI	148	1	2	2	1	NA	NA
Elderly	145	1	2	2	1	NA	NA
Families with Disabilities	NA	NA	NA	2	1	NA	NA
Race/Ethnicity/White	628	NA	NA	2	1	NA	NA
Race/Ethnicity/Black	79	NA	NA	2	1	NA	NA
Race/Ethnicity/Hispanic	0	NA	NA	2	1	NA	NA
Race/Ethnicity/Other	NA	NA	NA	NA	NA	NA	NA

*Source: CHAS Data, City of Sweetwater, Tennessee Jurisdiction Area, 2000 Census

Housing Needs of Families on the PHA's Current Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input checked="" type="checkbox"/>	Combined Section 8 and Public Housing S8 (112) PH (156)		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover (PH)
Waiting list total:	268		
Extremely low income <=30% AMI	200	75%	
Very low income(>30% but <=50% AMI)	61	23%	
Low income(>50% but <80% AMI)	7	2%	
Families with children	211	79%	
Elderly families	17	6%	
Families with Disabilities	40	14%	
Race/ethnicity White	249	93%	
Race/ethnicity Black	16	5%	
Race/ethnicity Hispanic	1	1%	
Race/ethnicity Other	2	1%	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	55	36%	
2 BR	71	46%	
3 BR	28	17%	
4 BR	2	1%	
5 BR	0	0%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? NA			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

*Source: Sweetwater Housing Authority Public Housing and Section 8 Waiting Lists

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The SHA will continue its efforts to meet the specific needs of residents with in the jurisdiction of the SHA as identified above. Although the SHA will meet the needs of all of our residents, special emphasis will be directed towards toward the highest percentage needs such as the provision of smaller size bedroom units (1 & 2 bedroom sizes) for families with children, elderly and individuals with disabilities. In addition, the SHA will continue to employ effective management and maintenance policies to minimize vacancies and turnover time.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>As discussed in Section 5.2 of this form, the Sweetwater Housing Authority continues its ongoing efforts to meet the Mission and Goals identified in our most recent 5-Year Agency Plan. The SHA is diligent in providing safe, descent and affordable housing; creating opportunities for our resident’s self-sufficiency and economic independence; and assure fiscal integrity in all public housing programs. Our staff is continually striving to improve our management and service delivery efforts, as well as maintain the physical appearance and function of our dwelling units, grounds and facilities.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>SHA’s definition of “Significant Amendment or Substantial Deviation”:</p> <ol style="list-style-type: none"> 1. Changes to rent or admissions policies or organization of the waiting list. 2. Addition of non-emergency work, items (items not included in the Annual Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund. 3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) ATTACHED</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) NA</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. ATTACHED</p> <p>(g) Challenged Elements NONE</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) ATTACHED</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) ATTACHED</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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name: Sweetwater Housing Authority		Capital Fund Program Grant No: TN37P01650111 Replacement Housing Factor Grant No:		2011	
Date of CFFP: _____				FFY of Grant Approval: 2011	
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance Report by Development Account		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 20) ³	3,647			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 20)	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	40,500			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	50,000			
10	1460 Dwelling Structures	146,500			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities ⁴	0			

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01650111 Replacement Housing Factor Grant No:		Federal FY of Grant: 2011 FFY OF Grant Approval: 2011	
PHA Name: Sweetwater Housing Authority		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹
		Original			Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	240,647			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	0			
24	Amount of Line 20 Related to Security – Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			
Signature of Executive Director <i>Ueki Bains</i>		Signature of Public Housing Director		Date 10-13-2010	

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01650110 Replacement Housing Factor Grant No:)		FFY of Grant: 2010	
Sweetwater Housing Authority		Date of CFFP: _____		FFY of Grant Approval: 2010	
<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 06/30/10 <input checked="" type="checkbox"/> Performance Report for Period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised²	Obligated	Expended
		Original			
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	3,861	5,147	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	32,500	32,500	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	6,000	0	0	0
10	1460 Dwelling Structures	197,000	203,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

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

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

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

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Sweetwater Housing Authority		Capital Fund Program Grant No: TN37P01650110 Replacement Housing Factor Grant No:		2010 2010	
Type of Grant		<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	239,361	240,647	0	0
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>Ueki Barnes</i>				10-13-2010	

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

Part II Supporting Pages									
PHA Name: Sweetwater Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P01650110 CFFP (Yes/No): No			Federal FFY of Grant: 2010				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
TN016-001 Fairview Terrace	Windows	1460	36 units	0	93,000	0	0	03/11	
TN016-005 Crest View Homes	Dumpster Pad Screening Erosion Control Landscaping/Trees Windows Exterior Doors Storm Doors Medicine Cabinets	1450 1450 1450 1460 1460 1460 1460	Dev-wide Dev-wide Dev-wide 40 units 40 units 40 units 40 units	5,000 500 500 110,000 53,000 30,000 4,000	0 0 0 110,000 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	Deleted Deleted Deleted 03/11 Deleted Deleted Deleted	
PHA-WIDE Operations	Operating Expense	1406	1	3,861	5,147	0	0	12/10	
PHA-WIDE Fees & Costs	A/E Fees Clerk of the Works Consultant Fees for Env. Review Consultant Fees for PHA Plan	1430 1430 1430 1430	1 1 1 1	20,000 9,000 1,500 2,000	20,500 9,000 1,500 1,500	0 0 0 0	0 0 0 0	12/10 12/10 12/10 12/10	

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

² To be completed for the Performance and Evaluation Report.

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		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: TN37P01650109		2009	
Sweetwater Housing Authority		Replacement Housing Factor Grant No:		2009	
Date of CFFP:		Revised Annual Statement (revision no:)		FFY of Grant Approval:	
		Final Performance and Evaluation Report		2009	
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	15,184	60,000	60,000	52,156
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	32,500	33,500	19,795	18,075
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	95,861	0	0
10	1460 Dwelling Structures	177,500	40,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	18,000	10,000	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: TN37P01650109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009 FFY OF Grant Approval: 2009	
PHA Name: Sweetwater Housing Authority		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Summary by Development Account		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	243,184	239,361	79,795	70,231
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director <i>Ueki Bano</i>		Signature of Public Housing Director		Date 10-13-2010	

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

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name: Sweetwater Housing Authority		Capital Fund Program Grant No: TN37S01650109 Replacement Housing Factor Grant No:		ARRA FFY of Grant Approval: 2009	
Date of CFFP: _____		Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
		Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	187	187	187	187
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	62,005	62,005	62,005	60,096
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	242,180	242,180	242,180	242,180
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	3,450	3,450	3,450	3,450
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0

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

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

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

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Sweetwater Housing Authority		Capital Fund Program Grant No: TN37S01650109 Replacement Housing Factor Grant No:		ARRA FFY OF Grant Approval: 2009	
Type of Grant		<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost		Total Actual Cost¹	
Line	Description	Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	307,822	307,822	307,822	305,913
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	3,450	3,450	3,450	3,450
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director <i>Ueki Barnes</i>		Signature of Public Housing Director		Date 10-13-2010	

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

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:		
PHA Name: Sweetwater Housing Authority		Capital Fund Program Grant No: TN37P01650108 Replacement Housing Factor Grant No: _____		2008		
Date of CFFP: _____		Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)		FFY of Grant Approval: 2008		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost			Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	0	0	0	0	0
2	1406 Operations (may not exceed 20% of line 20) ³	4,411	7,090	7,090	7,090	7,090
3	1408 Management Improvements	0	0	0	0	0
4	1410 Administration (may not exceed 10% of line 20)	0	0	0	0	0
5	1411 Audit	0	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0	0
7	1430 Fees and Costs	26,997	24,318	24,318	24,318	24,318
8	1440 Site Acquisition	0	0	0	0	0
9	1450 Site Improvement	20,932	20,932	20,932	20,932	20,932
10	1460 Dwelling Structures	190,844	190,844	190,844	190,844	190,844
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0	0
14	1485 Demolition	0	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0	0
17	1499 Development Activities ⁴	0	0	0	0	0

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

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name: Sweetwater Housing Authority		Capital Fund Program Grant No: TN37P01650108 Replacement Housing Factor Grant No:		2008 FFY OF Grant Approval: 2008	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:) Total Estimated Cost	
Line	Summary by Development Account	Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	243,184	243,184	243,184	243,184
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>Wicki Burns</i>				10-13-2010	

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

Part II Supporting Pages										
PHA Name:		Grant Type and Number				Federal FFY of Grant: 2008				
Sweetwater Housing Authority		Capital Fund Program Grant No: TN37P01650108 CFFP (Yes/No): No								
Development Number/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
TN016-001	Electrical Upgrades	1460	20 units	0	0	0	0	Deleted		
	Unit Reconfiguration	1460	14 units	0	0	0	0	Deleted		
	Fire Safety	1460	20 units	0	0	0	0	Deleted		
	Cable Hook-up	1460	20 units	0	0	0	0	Deleted		
TN016-004	Patio/Site Erosion	1450	22 units	20,932	20,932	20,932	20,932	Completed		
	Valley View									
	Village									
TN016-005	Kitchen Renovations	1460	40 units	129,732	129,732	129,732	129,732	Completed		
	Gutter Replacement	1460	40 units	13,272	13,272	13,272	13,272	Completed		
	Cable/Phone Hook-ups	1460	40 units	9,840	9,840	9,840	9,840	Completed		
	Exterior Storage Doors	1460	40 doors	38,000	38,000	38,000	38,000	Completed		
PHA-WIDE	Operating Expense	1406	1	4,411	7,090	7,090	7,090	Completed		
	Operations									
PHA-WIDE	A/E Fees	1430	1	24,297	20,125	20,125	20,125	Completed		
	Clerk of the Works	1430	1	0	1,493	1,493	1,493	Completed		
	Consultant Fees for Env. Review	1430	1	1,200	1,200	1,200	1,200	Completed		
	Consultant Fees for PHA Plans	1430	1	1,500	1,500	1,500	1,500	Completed		

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

² To be completed for the Performance and Evaluation Report.

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 Authority/TN016	Sweetwater Housing		Locality (City/County & State) Sweetwater/Monroe County Tennessee		Revision No:	
	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
A.	Physical Improvements Subtotal	Work Statement for Year 1 FFY 2011	195,000	200,000	210,000	199,947
B.	Management Improvements	Work Statement for Year 1 FFY 2011	0	0	0	0
C.	PHA-Wide Non-dwelling Structures and Equipment	Work Statement for Year 1 FFY 2011	0	0	0	0
D.	Administration	Work Statement for Year 1 FFY 2011	0	0	0	0
E.	Other (1430)	Work Statement for Year 1 FFY 2011	38,500	36,500	27,500	31,700
F.	Operations	Work Statement for Year 1 FFY 2011	7,147	4,147	3,147	9,000
G.	Demolition	Work Statement for Year 1 FFY 2011	0	0	0	0
H.	Development	Work Statement for Year 1 FFY 2011	0	0	0	0
I.	Capital Fund Financing – Debt Service	Work Statement for Year 1 FFY 2011	0	0	0	0
J.	Total CFP Funds	Work Statement for Year 1 FFY 2011	240,647	240,647	240,647	240,647
K.	Total Non-CFP Funds	Work Statement for Year 1 FFY 2011	0	0	0	0
L.	Grand Total	Work Statement for Year 1 FFY 2011	240,647	240,647	240,647	240,647

Sweetwater Housing Authority Violence Against Women Act

The Sweetwater Housing Authority (SHA) prepared the 2011 PHA Five Year and Annual Plan in consultation with the Resident Advisory Board on July 22, 2010 and through a Public Hearing conducted on September 16, 2010. The purpose of the meetings was to receive resident and public comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the 2011 PHA Plan was discussed during these meetings including any PHA Plan elements that have been revised by the SHA since the last Annual Plan submission. It was noted that no SHA Policies and/or Procedures, including the VAWA Policy, have been revised or amended with the exception of the ACOP, Dwelling Lease, Trespass Policy and Pet Policy. The SHA Board of Commissioners approved these revisions after proper thirty (30) day notification to the tenants.

A copy of the Sweetwater Housing Authority's Violence Against Women Act (VAWA) Policy is attached and the following is a description of the specific requirements as outlined in Notice PIH 2008-41:

- a) Any activities, services or programs provided or offered by an agency, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking: In elderly care abusive situations, the SHA will call the Adult Protective Services through the Department of Human Services. In women or men abusive or domestic violence situations, the SHA has the tenant to first call the local police department to file a report or to get an order of protection, if needed. The SHA then refers the tenants to any counseling within the county or within a 30 to 45 minute radius of SHA. Such agency referrals include The Haven House in Madisonville or Maryville, The Hope Center in Athens, Daystar Counseling in Athens and Watson's Chapel in Madisonville for counseling.

- b) Any activities, services or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing: Being a small housing authority with a limited staff, the SHA makes diligent efforts to counsel tenants relative to their problems and refers them to the appropriate agencies listed above to obtain any necessary counseling. Additionally, the Authority's VAWA Policy permits victims of violence to maintain their current housing while evicting a household member who has engaged in the criminal act of physical violence.

- c) Any activities, services or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault and stalking or to enhance victim safety in assisted families: The SHA's policies are set to promote stability and a secure safe environment for their families. The definition of family is: a family with or without children. Such a family is defined as a group of people related by blood, marriage or operation of law. This allows the SHA to control who legally stays in the apartments. Boyfriends or girlfriends are not allowed to move in and out of apartments, which could lead to violence or domestic violence situations. Domestic violence victims often follow a pattern of allowing the same violent person to come and go in the household. When the SHA becomes aware of a violent situation or a potential violent situation, the SHA enforces their Trespass Policy. This allows the authority to ban anyone from the Sweetwater Housing Authority property who have made threats of violence or have committed violent crimes. The SHA conducts police checks on all adult applicants and this includes a newly married tenant adding their spouse to the lease. They are not added to the lease until their application has been processed and police reports checked.

SECTION IV VIOLENCE AGAINST WOMEN ACT POLICY (VAWA)

(The following policy also applies to the apartment lease by reference.)

Admissions and Occupancy

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Sweetwater Housing Authority to be a basis for denial of admission to public housing if the applicant otherwise qualifies for admission.

Incidents or Threats of abuse will not be construed by the Housing Authority as serious or repeated violations of the lease or other “good cause” for termination of tenancy, or occupancy rights of a victim of abuse.

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 tenancy or occupancy rights if the tenant or an immediate family member of the tenant’s family is the victim or threatened victim of the abuse.

Rights of the Sweetwater Housing Authority

The Housing Authority may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove or terminate occupancy rights 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 or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant. Such eviction, removal or termination of occupancy rights shall be effected in accordance with the procedures prescribed by federal, state and local law for the termination of leases.

Certification of Abuse and Confidentiality

The Sweetwater Housing Authority will require an individual to certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and ant other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from PHA. The individual may use the HUD for 50066, Certification of Domestic Violence, Dating Violence, or Stalking to certify the abuse to the PHA. In lieu of Form HUD 50066, the individual may provide the PHA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical professional from whom the victim attests (under penalty of perjury (28 U.S.C. 1746) to the professionals belief that the incident(s) in question are bonafide incidences of abuse, and the victim of the violence has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance or tenancy.

Notification to Residents

The PHA will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents’ right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence.

Confidentiality

All information provided to the PHA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the PHA and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of tenancy or assistance; or (c) otherwise required by applicable law.

**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 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.

Sweetwater Housing Authority

TN016

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 11 - 20 15

Annual PHA Plan for Fiscal Years 20 11 - 20 10-13

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 Wayne Key	Title Board Chairman
Signature <i>Wayne Key</i>	Date <i>September 20, 2010</i>

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:

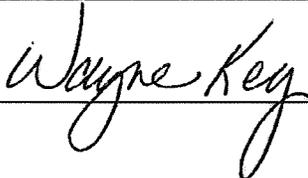
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Sweetwater Housing Authority

TN016

PHA Name

PHA Number/HA Code

<small>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)</small>			
Name of Authorized Official	Wayne Key	Title	Board Chairman
Signature		Date	September 20, 2010

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Sweetwater Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

(1) Abide by the terms of the statement; and

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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.)

TN016-001: Fairview Terrace, TN016-004: Valley View Homes, TN016-005: Crest View Homes and TN016-006: Mountain View Homes

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

Vicki Barnes

Title

Executive Director

Signature

X *Vicki Barnes*

Date

10/13/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Sweetwater Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

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

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

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

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

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

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

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

Name of Authorized Official

Vicki Barnes

Title

Executive Director

Signature

X *Vicki Barnes*

Date

10/13/2010

Disclosure of Lobbying Activities

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse side for Instructions and Public Reporting burden statement)

1. Type of Federal Action <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only year (yyyy) <u>NA</u> quarter <u>NA</u> date of last report (mm/dd/yyyy) <u>NA</u>
4. Name and Address of Reporting Entity <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Sweetwater Housing Authority # 3 Valley View Village Drive Sweetwater, Tennessee 37874 Congressional District, if known _____	5. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime NA Congressional District, if known <u>NA</u>	
6. Federal Department/Agency U.S. Department of Housing and Urban Development	7. Federal Program Name/Description FFY 2011 Five Year and Annual Agency Plan CFDA Number, if applicable <u>NA</u>	
8. Federal Action Number, if known <p style="text-align: center;">NA</p>	9. Award Amount, if known \$ \$240,647	
10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI) NA	b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI) NA	
(attach continuation sheet(s) if necessary)		
11. Amount of Payment (check all that apply) \$ <u>NA</u> <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply) <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other (specify) <u>Not Applicable</u>	
12. Form of Payment (check all that apply) <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature <u>Not Applicable</u> value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 Not Applicable (attach continuation sheet(s) if necessary)		
15. Continuation sheets attached <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
16. Information requested through this form is authorized by Sec.319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature <u>Vicki Barnes</u> Print Name <u>Vicki Barnes</u> Title <u>Executive Director</u> Telephone No. <u>(423) 337-6224</u> Date (mm/dd/yyyy) <u>10/13/2010</u>	

Federal Use Only:

**Authorized for Local Reproduction
Standard Form-LLL (7/97)**

Comments of Resident Advisory Board

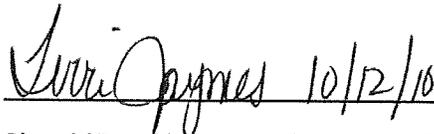
The Sweetwater Housing Authority (SHA) conducted its Resident Advisory Board (RAB) Meeting on July 22, 2010 at the SHA Community Room. The purpose of the meeting was to discuss the FY 2011 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the SHA arrived with the information. The Board showed favorable consideration to the FY 2011 PHA Agency Plan and had no additional comments or suggestions relative to the capital improvements.

**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, Terri Jaynes the Planning Coordinator certify that the Five Year and
Annual PHA Plan of the Sweetwater Housing Authority is consistent with the Consolidated Plan of
State of Tennessee prepared pursuant to 24 CFR Part 91.

 10/12/10

Signed / Dated by Appropriate State or Local Official