

<b>PHA 2011 Annual Plan–TN022v01 Clinton - Final</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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1.0	<b>PHA Information</b> PHA Name: <u>Clinton Housing Authority</u> PHA Code: <u>TN022</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>149</u> Number of HCV units: <u>0</u>				
3.0	<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				
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) <b>Not Applicable</b>				
	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: <b>Not Applicable</b>				
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<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: <b>Not Applicable to Annual Plan</b>				
5.2	<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. <b>Not Applicable to Annual Plan</b>				
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> <li>• <b>Financial Resources Element: the CHA Financial Statement including Operating and Capital Fund, Rental Income, Investments etc. change on an annual basis. The CHA maintains this information on file and makes it available for HUD and public review at the CHA Administration Office</b></li> <li>• <b>Fiscal Year Audit: The CHA's most recent Audit is on file at the CHA Administration Office and is available for HUD and public review.</b></li> </ul> (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. <b>Clinton Housing Authority Administration Office.</b>				
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <b>The CHA is not proposing any of the above-listed activities.</b>				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
8.1	<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>See attached form HUD-50075.1 for FY 2011 and all open CFP Grants.</b>				

8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><b>See attached form HUD-50075.2 for 5-Year CFP.</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><b>Not Applicable</b></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>Not required for submittal per PIH Notice 2008-41.</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Not required for submittal per PIH Notice 2008-41.</b></p>
10.0	<p><b>Additional Information.</b> 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><b>Not Applicable to Annual Plan.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>Not Applicable to Annual Plan.</b></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>(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>

## ATTACHMENTS:

### 1). Resident Advisory Board (RAB) Comments:

The Clinton Resident Advisory Board met on March 1, 2011 to discuss recommended improvements to consider for the FY 2011 and 5-year CFP budgets. In addition, the CHA staff surveyed residents during the week of March 1-8, 2011. The RAB members and residents supported the proposed improvements. Resident names and addresses are on file at the CHA Office. No specific comments were received.

### 2). Challenged Elements:

The CHA does not have any challenged Elements.

### 3). Violence Against Women Act Policy - Clinton Housing Authority:

#### BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member of the tenant's family is the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "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, 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 victim of such violence who is also a tenant or lawful occupant.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim 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. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

#### DEFINITIONS

The following definitions were incorporated into the United States Housing Act and apply to this policy:

**Domestic Violence:** Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitating with, or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of 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:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and

- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

**Stalking:** To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and 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 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

**Immediate Family Member:** A spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

## POLICY

The following policy amends the *Admissions and Occupancy Policy (ACOP)* and the Apartment Lease by reference. Appropriate language will be added to the ACOP and Apartment lease at the next revision dates of each.

A copy of this policy is available at the main office of the housing authority. A copy will be made available on request.

### Admissions and Occupancy and Termination of Assistance

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

Incidents or threats of abuse will not be construed by the Clinton HA as serious or repeated violations of the lease or other “good cause” for termination of the assistance, 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 assistance, 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 Clinton Housing Authority

The Clinton HA 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, 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 victim 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 HUD’s Public Housing Program.

### Certification of Abuse and Confidentiality

The Clinton HA will require that an individual 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 any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the Clinton HA. In lieu of Form HUD 50066, the individual may provide the Clinton HA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical profession from whom the victim has sought assistance in

addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty or perjury (28 U.S.C. 1746) to the professionals believe that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance.

## **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. A sample notice is included with this policy.

## **Confidentiality**

All information provided to the Clinton HA 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 Clinton HA 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 assistance; or, (c) otherwise required by applicable law.

**CLINTON HOUSING AUTHORITY**  
**NOTICE TO RESIDENTS AND APPLICANTS**  
**REGARDING**  
**RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT**

The Violence Against Women Act of 2005 (VAWA) protects victims of domestic violence, dating violence and stalking. These changes affect all persons assisted under the Public Housing and Section 8 Program.

Individuals may not be denied housing assistance, terminated from Public Housing or evicted for being the victim of domestic violence, dating violence or stalking. However, the VAWA provides certain limitations and clarifications concerning your rights. In particular, you should know that nothing contained in VAWA:

1. Prevents the Housing Authority from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provides protections as described above. However, the Clinton HA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the PHA from terminating tenancy and evicting where the housing authority can demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.” Where such a threat can be demonstrated by the Clinton HA, you will not be protected from eviction by VAWA.
3. Limits the ability of the Clinton HA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

VAWA also creates a new authority under federal law that allows a housing authority to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to the other occupants.

If you believe that you qualify for protection under VAWA, please notify the PHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the PHA’s request for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

The Clinton Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk. The Clinton HA may request that applicants or residents requesting VAWA protection come to the office to submit information. All information will be kept confidential by the Clinton Housing Authority and will not be shared or disclosed by the Housing Authority without your consent except as noted in the Confidentiality clause of the VAWA Policy.

You may obtain a copy of the PHA’s written policy concerning domestic violence, dating violence, and stalking from the HA’s main office. Please note that the written policy contains, among other things, definitions of the terms “domestic violence”, “dating violence”, “stalking”, and “immediate family”.

Other resources that may be of assistance include the National Domestic Violence Hotline (1-800-799-SAFE), and the National Domestic Violence Hotline website <http://www.ndvh.org>.

**CERTIFICATION OF DOMESTIC  
VIOLENCE, DATING VIOLENCE,  
OR STALKING**

**U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**

OMB Approval No. 2577-0249  
Exp (05/31/2007)

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Purpose of Form:** The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) 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 abuse, in which the professional attest 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.

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**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:**

**Date Written Request Received By Family Member:** \_\_\_\_\_

**Name of the Victim of Domestic Violence:** \_\_\_\_\_

**Name(s) of other family members listed on the lease** \_\_\_\_\_

**Name of the abuser:** \_\_\_\_\_

**Relationship to Victim:** \_\_\_\_\_

**Date the incident of domestic violence occurred:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

Form **HUD-5066**  
(11/2006)

**Name of victim:** \_\_\_\_\_

Description of Incident:

[INSERT TEXT LINES HERE]

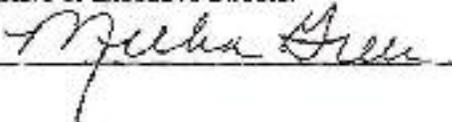
I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN37P02250111</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval:2011</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>				
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>	5,000.00				
3	1408 Management Improvements	45,000.00				
4	1410 Administration (may not exceed 10% of line 21)	1,000.00				
5	1411 Audit	-				
6	1415 Liquidated Damages	-				
7	1430 Fees and Costs	41,700.00				
8	1440 Site Acquisition	-				
9	1450 Site Improvement	35,000.00				
10	1460 Dwelling Structures	50,300.00				
11	1465.1 Dwelling Equipment—Nonexpendable	-				
12	1470 Non-dwelling Structures	-				
13	1475 Non-dwelling Equipment	52,000.00				
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 NHAII be included here

Part I: Summary					
PHA Name: Clinton Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P02250111 Replacement Housing Factor Grant No:		Federal FY of Grant: 2011 FFY OF Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <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		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization of Debt Service paid by the PHA	-			
18b	5000 Collateralization of 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)	230,000.00			
21	Amount of line 20 Related to BP Activities	-			
22	Amount of line 20 Related to Section 504 Activities	-			
23	Amount of line 20 Related to Security - Soft Costs	44,000.00			
24	Amount of Line 20 Related to Security - Hard Costs	50,000.00			
25	Amount of line 20 Related to Energy Conservation Measures	50,300.00			
Signature of Executive Director 		Date 4/6/2011	Signature of Public Housing Director		Date

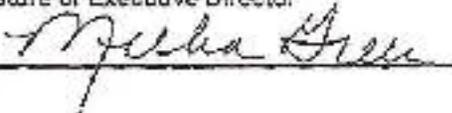


<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Clinton Housing Authority</b>					Federal FY of Grant: <b>2011</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN022000001	9/30/2013		9/30/2015		

<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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN37P02250110</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:2010</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>12/31/2010</b> <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>	5,474.00	5,474.00	0.00	0.00	
3	1408 Management Improvements	45,000.00	45,000.00	0.00	0.00	
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	1,000.00	0.00	0.00	
5	1411 Audit	-	-			
6	1415 Liquidated Damages	-	-			
7	1430 Fees and Costs	27,700.00	28,162.60	20,462.60	19,439.45	
8	1440 Site Acquisition	-	-			
9	1450 Site Improvement	-	-			
10	1460 Dwelling Structures	130,500.00	135,037.40	0.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	-	-			
12	1470 Non-dwelling Structures	-	-			
13	1475 Non-dwelling Equipment	17,000.00	12,000.00	0.00	0.00	
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 NHAII be included here

Part I: Summary					
PHA Name: Clinton Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P02260110 Replacement Housing Factor Grant No:		Federal FY of Grant: 2010 FFY OF Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <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	-	-		
18b	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)	230,000.00	226,674.00	20,462.60	19,439.45
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	130,500.00	130,500.00	0.00	0.00
Signature of Executive Director 		Date 4/6/2011	Signature of Public Housing Director		Date

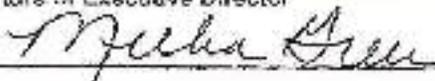


<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Clinton Housing Authority</b>					Federal FY of Grant: <b>2010</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN022000001	6/30/2012		6/30/2014		

<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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN37P02250109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:2009</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>12/31/2010</b> <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>	\$3,818.00	\$3,818.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$46,000.00	\$46,000.00	\$44,000.00	\$10,000.00	
4	1410 Administration (may not exceed 10% of line 21)	\$500.00	\$500.00	\$0.00	\$0.00	
5	1411 Audit	-	-	-	-	
6	1415 Liquidated Damages	-	-	-	-	
7	1430 Fees and Costs	\$19,700.00	\$22,729.40	\$18,029.4	\$17,803.00	
8	1440 Site Acquisition	-	-	-	-	
9	1450 Site Improvement	-	-	-	-	
10	1460 Dwelling Structures	\$156,800.00	\$152,970.60	\$2,025.25	\$2,025.25	
11	1465.1 Dwelling Equipment—Nonexpendable	-	-	-	-	
12	1470 Non-dwelling Structures	-	-	-	-	
13	1475 Non-dwelling Equipment	\$2,000.00	\$2,000.00	\$0.00	\$0.00	
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 NHAI be included here

Part I: Summary					
PHA Name: Clinton Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P02250109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009 FFY OF Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <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	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	-	-		
18b	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)	225,818.00	228,818.00	64,054.55	49,825.25
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	159,000.00	56,800.00	0.00	0.00
Signature of Executive Director 		Date 4/5/2011	Signature of Public Housing Director		Date

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN37P02250109</b> CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2009</b>		
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	Funds Obligated	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406	LS	\$3,818.00	\$3,818.00	\$0.00	\$0.00	
PHA-Wide	Security	1408	LS	\$44,000.00	\$44,000.00	\$44,000.00	\$30,000.00	
PHA-Wide	Computer Upgrade	1408	LS	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
PHA-Wide	Training/Travel	1408	LS	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
PHA-Wide	Office Equipment	1475	LS	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
PHA-Wide	Maintenance Equipment	1475	LS	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
PHA-Wide	Environmental Review	1430	LS	\$1,200.00	\$1,200.00	\$0.00	\$0.00	
PHA-Wide	A/E Services	1430	LS	\$15,000.00	\$18,029.40	\$18,029.40	\$17,803	
PHA-Wide	Agency Plan	1430	LS	\$3,500.00	\$3,500.00	\$0.00	\$0.00	
PHA-Wide	Advertising	1410	LS	\$500.00	\$500.00	\$0.00	\$0.00	
PHA-Wide	Window Replacement	1460	LS	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Roofing	1460	LS	\$156,000.00	\$150,945.35	\$0.00	\$0.00	Moved from 2008 5-year plan, years two and four
PHA-Wide	Bathroom Renovations	1460	LS	0.00	\$2,025.25	\$2,025.25	\$2,025.25	Moved from CFP 2008
<b>Total</b>				<b>\$230,000.00</b>	<b>\$228,818.00</b>	<b>\$44,000.00</b>	<b>\$10,000.00</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 III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Clinton Housing Authority</b>					Federal FY of Grant: <b>2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA –Wide	6/30/11		6/30/13		
TN022-004	6/30/11		6/30/13		

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<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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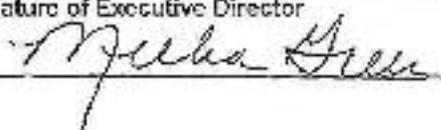
<b>Part I: Summary</b>						
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN37S02250109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant: ARRA 2009</b> <b>FFY of Grant Approval:</b> <b>ARRA 2009</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <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>	-	-	-	-	
3	1408 Management Improvements	-	-	-	-	
4	1410 Administration (may not exceed 10% of line 21)	-	-	-	-	
5	1411 Audit	-	-	-	-	
6	1415 Liquidated Damages	-	-	-	-	
7	1430 Fees and Costs	45,674.00	48,000.00	48,000.00	48,000.00	
8	1440 Site Acquisition	-	-	-	-	
9	1450 Site Improvement	-	-	-	-	
10	1460 Dwelling Structures	244,898.00	242,572.00	242,572.00	242,572.00	
11	1465.1 Dwelling Equipment—Nonexpendable	-	-	-	-	
12	1470 Non-dwelling Structures	-	-	-	-	
13	1475 Non-dwelling Equipment	-	-	-	-	
14	1485 Demolition	-	-	-	-	
15	1492 Moving to Work Demonstration	-	-	-	-	
16	1495.1 Relocation Costs	-	-	-	-	
17	1499 Development Activities <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 NHAII be included here

Part I: Summary					
PHA Name: Clinton Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37S02250109 Replacement Housing Factor Grant No:		Federal FY of Grant: ARRA 2009 FFY OF Grant Approval: ARRA 2009	
Type of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <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	-	-		
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-	-		
19	1502 Contingency (may not exceed 3% of line 20)	-	-		
20	Amount of Annual Grant: (sum of lines 2 – 19)	290,572.00	290,572.00	290,572.00	290,572.00
21	Amount of line 20 Related to LBP Activities	-	-		
22	Amount of line 20 Related to Section 504 Activities	-	-		
23	Amount of line 20 Related to Security – Soft Costs	-	-		
24	Amount of Line 20 Related to Security – Hard Costs	-	-		
25	Amount of line 20 Related to Energy Conservation Measures	0.00	244,898.00	244,898.00	244,898.00
Signature of Executive Director 		Date 4/5/2011	Signature of Public Housing Director		Date



<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Clinton Housing Authority</b>					Federal FY of Grant: <b>ARRA 2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA -Wide	3/18/2010	3/17/2010	3/18/2012	9/30/2010	
TN022-004	3/18/2010	3/17/2010	3/18/2012	9/30/2010	

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<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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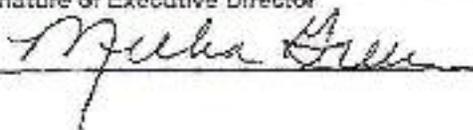
<b>Part I: Summary</b>						
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN37P02250108</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:2008</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 )		
<input checked="" 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		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>	-	32,472.67	32,472.67	0.00	
3	1408 Management Improvements	44,000.00	30,000.00	30,000.00	30,000.00	
4	1410 Administration (may not exceed 10% of line 21)	57.38	500.00	500.00	57.38	
5	1411 Audit	-	-	-	-	
6	1415 Liquidated Damages	-	-	-	-	
7	1430 Fees and Costs	19,096.30	19,096.30	19,096.30	19,096.30	
8	1440 Site Acquisition	-	-	-	-	
9	1450 Site Improvement	0.00	2,000.00	2,000.00	0.00	
10	1460 Dwelling Structures	166,402.32	145,487.03	145,487.03	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	-	-	-	-	
12	1470 Non-dwelling Structures	-	-	-	-	
13	1475 Non-dwelling Equipment	0.00	-	-	-	
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 NHAI be included here

<b>Part I: Summary</b>					
PHA Name: Clinton Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P02250108 Replacement: Housing Factor Grant No:		Federal FY of Grant: 2008 FFY OF Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 ) <input checked="" 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		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
16a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	-	-
16b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	-	-
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	-	-
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$229,556.00	\$229,556.00	\$229,556.00	\$49,153.68
21	Amount of line 20 Related to LBP Activities	0.00	0.00	-	-
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	-	-
23	Amount of line 20 Related to Security – Soft Costs	0.00	0.00	-	-
24	Amount of Line 20 Related to Security – Hard Costs	0.00	0.00	-	-
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	-	-
Signature of Executive Director 		Date 4/5/2011	Signature of Public Housing Director		Date

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN37P02250108</b> CFFP (Yes/No): Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2008</b>		
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	Funds Obligated	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406	1	-	\$32,472.67	\$32,472.67	\$0.00	
PHA-Wide	Security	1408	1	\$44,000.00	\$30,000.00	\$30,000.00	\$30,000.00	
PHA-Wide	Computer Upgrade	1408	1	-	-	-	-	
PHA-Wide	Training/Travel	1408	1	-	-	-	-	
PHA-Wide	Advertising	1410	1	\$57.38	\$500.00	\$57.38	\$57.38	
PHA-Wide	Environmental Review	1430	1	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	
PHA-Wide	A/E Services	1430	1	\$15,646.30	\$15,646.30	\$15,646.30	\$15,646.30	
PHA-Wide	Agency Plan	1430	1	\$2,250.00	\$2,250.00	\$2,250.00	\$2,250.00	
PHA-Wide	Sidewalk Repair/Replacement	1450	1	-	\$1,000.00	\$1,000.00	-	
PHA-Wide	Landscaping	1450	1	-	\$1,000.00	\$1,000.00	-	
PHA-Wide	New water closets	1460	1	-	-	-	-	
PHA-Wide	Door hardware	1460	1	-	-	-	-	
PHA-Wide	Lawn mower	1475	1	-	-	-	-	
PHA-Wide	Maintenance vehicle	1475	1	-	-	-	-	
PHA-Wide	Office Equipment	1475	1	-	-	-	-	
PHA-Wide	Maintenance Equipment	1475	1	-	-	-	-	
PHA-Wide	Contingency	1502	1	-	-	-	-	
TN022-001	Bathroom renovations	1460	1	-	-	-	-	
TN022-004	Window Replacement (from 2010)	1460	1	\$46,268.05	\$14,000.00	\$14,000.00	\$0.00	
TN022-004	HVAC and Elec	1460	1	\$116,610.03	\$116,610.03	\$116,610.03	\$0.00	
TN022-003	Bathroom Renovations	1460	1	\$3,524.24	\$14,877.00	\$14,877.00	\$0.00	
<b>Total</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 III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Clinton Housing Authority</b>					Federal FY of Grant: <b>2008</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-Wide	6/12/2010	6/03/2010	6/12/2012		
TN022-001	6/12/2010	6/03/2010	6/12/2012		
TN022-004	6/12/2010	6/03/2010	6/12/2012		

<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

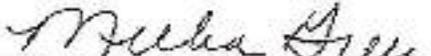
<b>Part I: Summary</b>					
<b>PHA Name:</b> Clinton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P02250107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:2007</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <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>	\$12,122.57	\$9,000.00	\$9,000.00	\$9,000.00
3	1408 Management Improvements	\$44,355.36	\$43,498.98	\$43,498.98	\$43,498.98
4	1410 Administration (may not exceed 10% of line 21)	\$616.58	\$616.58	\$616.58	\$616.58
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	\$22,321.40	\$22,321.40	\$22,321.40	\$22,321.40
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
10	1460 Dwelling Structures	\$120,535.47	\$121,537.92	\$121,537.92	\$121,537.92
11	1465.1 Dwelling Equipment—Nonexpendable	-	-	-	-
12	1470 Non-dwelling Structures	-	-	-	-
13	1475 Non-dwelling Equipment	\$19,519.12	\$19,519.12	\$19,519.12	\$19,519.12
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 NHAII be included here

Part I: Summary					
PHA Name: Clinton Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37P02250107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007 FFY OF Grant Approval: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2010 <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				
18b	8000 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)	217,494.00	217,494.00	217,494.00	217,494.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of Line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 4/5/2011	Signature of Public Housing Director		Date

**Part II: Supporting Pages**

PHA Name: <b>Clinton Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN37P02250107</b> CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2007</b>		
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	Funds Obligated	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406		\$12,122.57	\$9,000.00	\$9,000.00	\$9,000.00	
PHA-Wide	Security	1408		\$43,500.00	\$43,498.98	\$43,498.98	\$43,498.98	
PHA-Wide	Computer Upgrade	1408		\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Training/Travel	1408		\$855.36	\$0.00	\$0.00	\$0.00	
PHA-Wide	Advertising	1410		\$616.58	\$616.58	\$616.58	\$616.58	
PHA-Wide	Environmental Review	1430		\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	
PHA-Wide	A/E Services	1430		\$21,121.40	\$21,141.40	\$21,141.40	\$21,141.40	
PHA-Wide	Lead Based Paint Testing	1430		\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Tree Removal	1450		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	
PHA-Wide	Electrical	1460		\$535.47	\$535.47	\$535.47	\$535.47	
PHA-Wide	Office Equipment	1475		\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Maintenance Equipment	1475		\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Vehicle	1475		\$19,519.12	\$19,519.12	\$19,519.12	\$19,519.12	
PHA-Wide	Contingency	1502		\$0.00	\$0.00	\$0.00	\$0.00	
TN022-001	New energy efficient windows	1460		\$0.00	\$0.00	\$0.00	\$0.00	
TN022-001	Bathroom Renovations	1460		\$100,000.00	99,019.00	99,019.00	99,019.00	
TN022-002	Bathroom Renovations	1460		\$20,000.00	18,860.88	18,860.88	18,860.88	
TN022-004	HVAC	1460		0.00	3,122.57	3,122.57	3,122.57	
<b>Total</b>				<b>\$217,494.00</b>	<b>\$217,494.00</b>	<b>\$217,494.00</b>	<b>\$217,494.00</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 III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Clinton Housing Authority</b>					Federal FY of Grant: <b>2007</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA Wide	9/30/2009	9/30/2009	9/30/2011	9/30/2010	
TN022-001	9/30/2009	9/30/2009	9/30/2011	9/30/2010	
TN022-002	9/30/2009	9/30/2009	9/30/2011	9/30/2010	
TN022-004	N/A	9/30/2009	9/30/2011	9/30/2010	

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

**Capital Fund Program – Five Year Action Plan**

U.S. Department of Housing and Urban Development  
**OFFICE OF PUBLIC AND INDIAN HOUSING**  
 Expires 4/30/2011

<b>PART I: SUMMARY</b>						
PHA Name/Number <b>Clinton Housing Authority / TN022</b>		Locality (City/County & State) <b>Clinton / Anderson Co., Tennessee</b>			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	\$140,000.00	\$146,500.00	\$151,800.00	\$136,000.00
C.	Management Improvements		\$73,700.00	\$68,200.00	\$72,700.00	\$74,700.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$2,000.00	\$12,000.00	\$2,000.00	\$2,000.00
E.	Administration		\$0.00	\$0.00	\$500.00	\$500.00
F.	Other		\$1,000.00	\$1,000.00	\$2,000.00	\$1,000.00
G.	Operations		\$13,300.00	\$2,300.00	\$1,000.00	\$15,800.00
H.	Demolition		-	-	-	-
I.	Development		-	-	-	-
J.	Capital Fund Financing – Debt Service		-	-	-	-
K.	Total CFP Funds		\$230,000.00	\$230,000.00	\$230,000.00	\$230,000.00
L.	Total Non-CFP Funds		\$0.00	\$0.00	0.00	0.00
M.	Grand Total		\$230,000.00	\$230,000.00	\$230,000.00	\$230,000.00

**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 (CONTINUATION)</b>						
PHA Name/Number <b>Clinton Housing Authority / TN022</b>		Locality (City/county & State) <b>Clinton / Anderson Co., Tennessee</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY <b>2011</b>	Work Statement for Year 2 FFY <b>2012</b>	Work Statement for Year 3 FFY <b>2013</b>	Work Statement for Year 4 FFY <b>2014</b>	Work Statement for Year 5 FFY <b>2015</b>
		<b>Annual Statement</b>				
	TN022000001		\$230,000.00	\$230,000.00	\$230,000.00	\$230,000.00
	<b>CFP Funds Listed for 5-year planning</b>		\$230,000.00	\$230,000.00	\$230,000.00	\$230,000.00
	<b>Replacement Housing Factor Funds</b>		NA	NA	NA	NA







