



P.O. Box 197 • CARTHAGE, TENNESSEE 37030
PHONE 615.735.1940 • FAX 615.735.9558

October 7, 2010

U.S. Department of Housing and
Urban Development
235 Cumberland Bend Drive
Suite 200
Nashville, TN 37228-1803

RE: SCCHA 2011 PHA PLAN SUBMISSION

Dear Sandy:

As a follow up to this Agency's PHA Plan submission, please be advised that no residents attended the South Carthage Housing Authority Resident Advisory Board meeting which was held on Tuesday, September 28, 2010 and the public hearing that was held on Monday, October 4, 2010.

As a result of the lacking attendance, no challenged elements were made by the public, Resident Advisory Board or the Board of Commissioners.

Please include this statement with the above named submission.

Yours truly,

A handwritten signature in black ink that reads "Sue Dean". The signature is written in a cursive, flowing style.

Sue Dean
Modernization Coordinator

PHA Certifications of Compliance with PHA Plans and Related Regulations

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

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners. I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 01/01/2011, 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.

SOUTH CARTHAGE HOUSING AUTHORITY

TN072

| | |
|---|--------------------|
| PHA Name | PHA Number/HA Code |
| X 5-Year PHA Plan for Fiscal Years 20 ¹² - 20 ¹⁵ | |
| X Annual PHA Plan for Fiscal Years 20 ¹¹ - 20 ¹¹ | |

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

| | |
|---|----------------|
| Name of Authorized Official | Title |
| KENNETH NIXON | BOARD CHAIRMAN |
| Signature | Date |
|  | 10-6-10 |

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.

SOUTH CARTHAGE HOUSING AUTHORITY

TN072

PHA Name

PHA Number/HA Code

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

| Name of Authorized Official | Title |
|---|----------------|
| KENNETH NIXON | BOARD CHAIRMAN |
| Signature  | Date 10-6-10 |

Certification of Payments to Influence Federal Transactions

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

Applicant Name

SOUTH CARTHAGE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding
ANNUAL/5 YEAR 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)

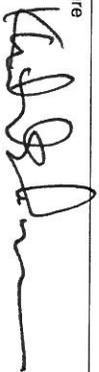
Name of Authorized Official

KURT O E TSCHAEPE

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

10/06/2010

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

SOUTH CARTHAGE HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

ANNUAL/5 YEAR PLAN

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

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

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- b. Establishing an on-going drug-free awareness program to inform employees ---
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

Check here if there are workplaces on file that are not identified on the attached sheets.

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

| | |
|---|--------------------|
| Name of Authorized Official | |
| KURT O E TSCHAEPE | |
| Signature | Title |
|  | EXECUTIVE DIRECTOR |
| Date | |
| 10/06/2010 | |

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

| | | |
|--|---|--|
| 1. Type of Federal Action: <input 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 type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: | |
| Congressional District, if known: 4c Federal Department/Agency: | Congressional District, if known: 7. Federal Program Name/Description: CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ _____ | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> | b. Individuals Performing Services (including address if different from No. 10a) <i>(last name, first name, MI):</i> | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <u></u> Print Name: <u>KURT O E TSCHAPE</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>(615) 452-1661</u> Date: <u>10/06/2010</u> | |
| Federal Use Only: | | |
| Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) | | |

PHA 5-Year and Annual Plan

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

OMB No. 2577-0226
Expires 4/30/2011

| 1.0 | PHA Information PHA Name: <u>SOUTH CARTHAGE HOUSING AUTHORITY</u> PHA Code: <u>TN072</u> PHA Type: <input 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>01/201</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|--|--|--|--|--|----|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>70</u> Number of HCV units: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Participating PHAs</th> <th style="width:15%;">PHA Code</th> <th style="width:25%;">Program(s) Included in the Consortia</th> <th style="width:15%;">Programs Not in the Consortia</th> <th colspan="2" style="width:30%;">No. of Units in Each Program</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="width:15%;">PH</th> <th style="width:15%;">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: The mission of the South Carthage Housing Authority is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services to our community in a non-discriminatory manner. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 | Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none"> 1. It has always been the goal of SCHA to provide excellent customer satisfaction by developing programs and policies to make the housing program and stock more desirable. 2. Promote motivating work environment with capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry. To provide residents with more information about new and existing programs, events, and policies. Effective October, 2009 residents of SCHA began receiving a monthly newsletter filled with helpful information on housing activities, community activities and a guide to what is happening during the current month. 3. It has always been the goal of SCHA to assist working families to move from assisted housing to homeownership or unassisted housing. We will continue to make this effort top priority to assist as many families as possible over the next five year period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA Plan Update | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.0 | <ol style="list-style-type: none"> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ol style="list-style-type: none"> 1. The Energy Audit has been updated and completed and is available for public review. This plan covers the next (5) five year period. 2. SCHA has updated the Admissions and Continued Occupancy to include Violence Against Women Act and is also available for public review. 3. In addition to the ACOP update, the housing authority has incorporated into its dwelling lease the responsibilities of persons claiming relief under the VAWA. The Board of Commissioners have reviewed and adopted all above modifications. (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. A copy of the 5-Year and Annual Plan will be made available for public review at the office of South Carthage Housing Authority located at: <p style="text-align: center;">109 Hazel Drive Carthage, TN 37030</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.0 | 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> SEE ANNUAL STATEMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.0 | Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1 | Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFPF financing. SEE ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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. ATTACHED</p> |
| 8.3 | <p>Capital Fund Financing Program (CFPP).</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> |
| 9.0 | <p>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. SEE ATTACHED</p> |
| 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. SEE ATTACHED</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. REFER TO 5.2 FOR PROGRESS OF GOALS</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification." A modification to the Annual Plan shall be considered to be a substantial deviation from the Five Year Plan when the objectives set forth in such modification are in direct conflict with the objectives set forth in the Five Year Plan as those objectives pertain to resident admissions or the use of housing stock. Additions or modifications to the Annual Plan, which are not in direct conflict with the above stated objectives, shall not be considered as substantial deviations. In such cases where a substantial deviation shall arise, the Agency shall explain the reasons for such deviation within the body of its Annual Plan, insuring full public process for the proposed plan.</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)</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

TO

SOUTH CARTHAGE HOUSING AUTHORITY

2011 PHA/5 YEAR PLAN

VIOLENCE AGAINST WOMEN ACT

PHA STATEMENT

The South Carthage Housing Authority plans to offer referrals and information to anyone asserting that they are a victim of domestic violence – this includes child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

Victims of domestic violence will be offered housing consistent with the provisions of this Agency’s Admissions and Continued Occupancy Policy. In accordance with the provisions of this Agency’s Admissions and Continued Occupancy Policy, applicants or residents requesting assistance in situations arising from incidents of domestic violence will be referred to social service agencies.

Additionally, this Agency will collaborate with local law enforcement agencies in an effort to provide training for residents on issues dealing with domestic violence.

Applicants will be advised of their right under VAWA as the act is applied to public housing agencies.

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

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

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 attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

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: _____

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.

NOTICE OF VAWA (VIOLENCE AGAINST WOMEN ACT) PROTECTIONS

VAWA provides 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 person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. The law also 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 the assistance, tenancy or occupancy rights of a victim of such violence, all subject to the provisions set forth hereinbelow.

Persons claiming relief under VAWA may be required by the Public Housing Authority to submit a certification of any incident/s under which a claim for VAWA relief is founded. Forms for such certification are available at the Authority's administrative offices. Individuals to whom such a request for certification is made by the Housing Authority must submit such certification within FOURTEEN (14) days from date of the Authority's request for the same. Failure to provide written certification with the foregoing timeframe will constitute grounds for lease termination.

In the event that the individual who is the cause of the abuse, threatened abuse, or stalking activity resides within the household, it is specifically understood that the lease may be bifurcated or divided, all at the exclusive election of the Housing Authority, allowing the Housing Authority to evict the perpetrator without impacting the continued residency of other members of the household. This is to acknowledge the right of the Housing Authority to bifurcate the underlying lease as it may from time to time deem necessary or appropriate. The lease is hereby amended to provide the Housing Authority with such unilateral power. This amendment is hereby incorporated into the lease agreement and into any future lease agreements arising from the original lease agreement. This document shall be affixed to the underlying lease and any future leases.

ACKNOWLEDGMENT

THIS IS TO ACKNOWLEDGE that I have read the foregoing and that the foregoing has been explained to me – all to my satisfaction. This is to further acknowledge my agreement to

all the foregoing and specifically to the Housing Authority's exclusive right of lease bifurcation incorporated herein.

EXECUTED THIS ____ day of _____, 2____.

WITNESS

(LESSEE)

(LESSEE)

(LESSEE)

(LESSEE)

SOUTH CARTHAGE HOUSING AUTHORITY
2010 PHA PLAN/5 YEAR PLAN

HUD 50075, SECTION 9.0

The waiting list for our South Carthage site is open for applicants to apply for housing assistance. There are a total of 77 applicants currently on the waiting list. This abundance of applicants has not placed a burden on the Agency to fill any vacant unit within a short period of time. At the present time SCHHA has THREE (3) units of housing available to lease with offers already made to applicants on the waiting list.

SECTION 9.1

SCHHA has no plans of expanding its number of housing stock.

Waiting List Review

Gallatin Housing Authority (TN029)
South Carriage

Waiting List Code: scha

Date/Time Last Generated: September 22, 2010 2:37 pm

Property: Waitlist Property

List Open: Yes

Property Code: wait

Date Open:

Waiting List Type: 0

Date Closed:

Max Refusals: 5

List Ordering

Sort Order 1: Preferences

Waiting List Statistics

Total Selected: 20

Sort Order 2: Date/Time

Total Rejected: 1

Sort Order 3: Income Targeting

Total Housed: 17

Sort Order 4:

Total In Process: 2

Sort Order 5:

% Lease up: 94.4%

Use Single Preference Rule: No

Income Targeting

| Code | Income Limit Description | Req. % | Pts/Wt | # Selected | # Rejected | # Housed | # In Process | Lease Up % | % Met |
|--------|--------------------------|--------|--------|------------|------------|----------|--------------|------------|-------|
| vii sc | Smith County | 50% | 5 | 2 | 0 | 2 | 0 | 100.0% | 11.8% |
| eli sc | Smith County | 30% | 5 | 1 | 0 | 1 | 0 | 100.0% | 5.9% |
| li sc | Smith County | 80% | 5 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |

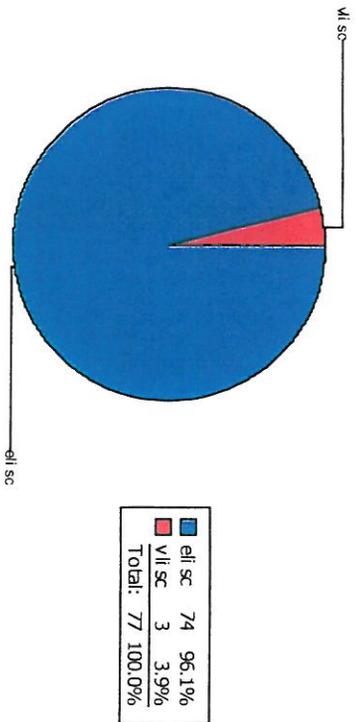
Income Limits Detail

| Code | Description | % Median Med Income | | Income Limits - Number of HH Members | | | | | | | |
|--------|--------------|---------------------|-----|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|
| | | Inc | Inc | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| eli sc | Smith County | 52,300 | 30% | 11,000 | 12,600 | 14,150 | 15,700 | 17,000 | 18,250 | 19,500 | 20,750 |
| vii sc | Smith County | 52,300 | 50% | 18,350 | 20,950 | 23,550 | 26,150 | 28,250 | 30,350 | 32,450 | 34,550 |
| li sc | Smith County | 52,300 | 80% | 29,300 | 33,500 | 37,700 | 41,850 | 45,200 | 48,550 | 51,900 | 55,250 |

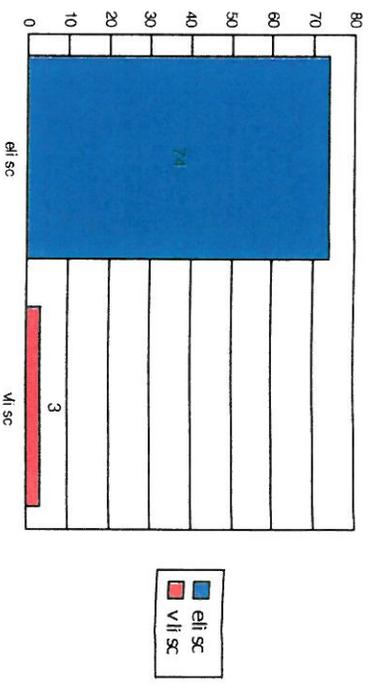
Current Waiting List Households by Selection Status and Income Limit

| | eli sc | | vii sc | | Total Number Avg Position Min Position Max Position |
|--------------|-----------|-----------|-----------|-----------|--|
| | 74 | 11 | 3 | 15 | |
| Not Selected | 74 | 11 | 3 | 15 | 77 |
| | 1 | 1 | 5 | 5 | 11 |
| | 29 | 29 | 30 | 30 | 1 |
| | | | | | 30 |
| Total | 74 | 11 | 3 | 15 | 77 |
| | 1 | 1 | 5 | 5 | 11 |
| | 29 | 29 | 30 | 30 | 1 |
| | | | | | 30 |

Households by Income Limit - Percentage



Households by Income Limit - Count



Waiting List Preferences

Preference Calculation Method: Aggregate

| Code | Preference Description | Points / Weight | Rank |
|------|------------------------|-----------------|------|
| 2 | Working 32 hours | 3 | 0 |
| 3 | Full Time Student | 2 | 0 |

Number of Households With Preferences

Waiting List Targeted Funding

| Code | Preference Description | Points / Weight | Rank |
|------|------------------------|-----------------|------|
|------|------------------------|-----------------|------|

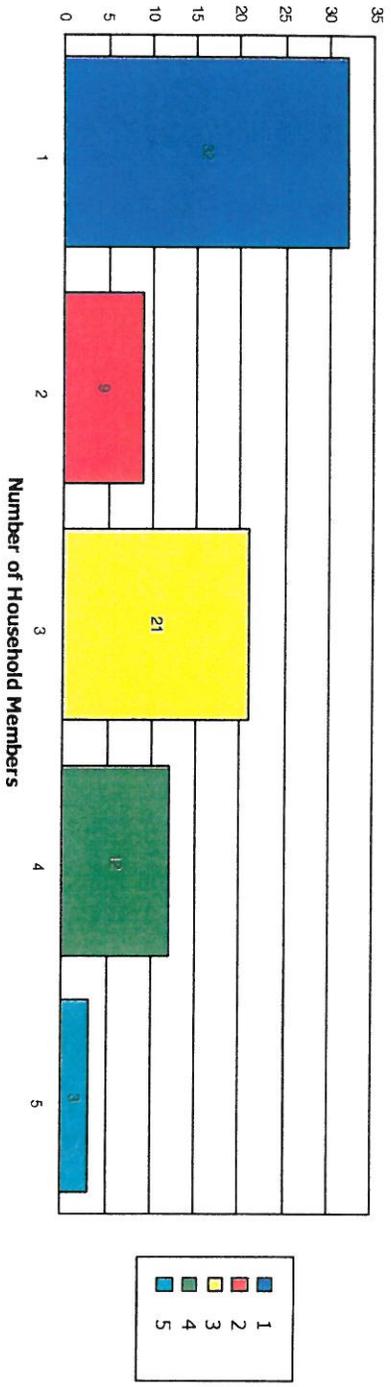
Number of Households With Targeted Funding

Waiting List Summary Information

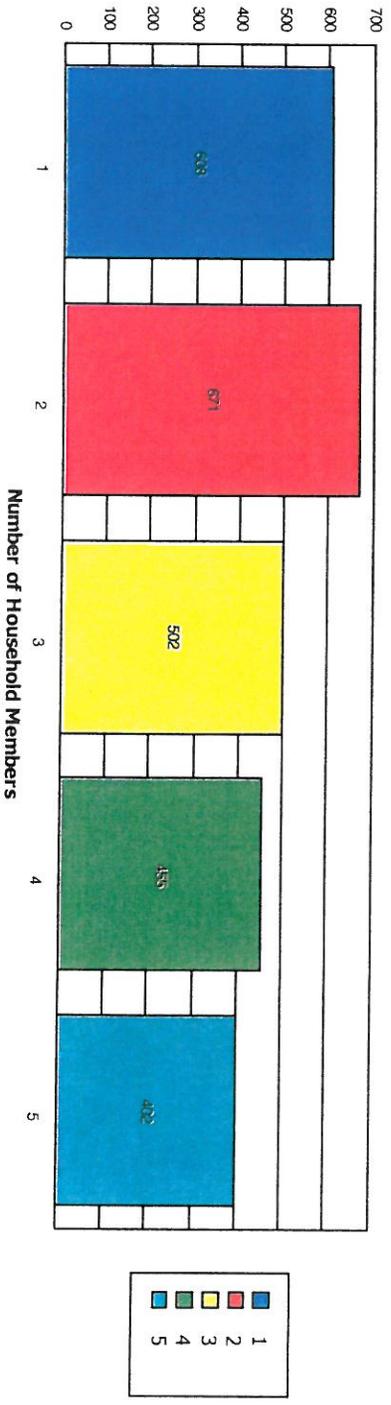
Waiting List Time Based on Number of HH Members

| | 1 | 2 | 3 | 4 | 5 | # Families Avg Days Min Days Max Days |
|--------------|------------------------|--------------------------|--------------------------|------------------------|------------------------|--|
| Not Selected | 32 608 55 998 | 9 671 341 1,019 | 21 502 65 1,048 | 12 455 76 778 | 3 402 127 952 | 77 554 55 1,048 |
| Total | 32 608 55 998 | 9 671 341 1,019 | 21 502 65 1,048 | 12 455 76 778 | 3 402 127 952 | 77 554 55 1,048 |

Number of Households on Waiting List by Number of Members



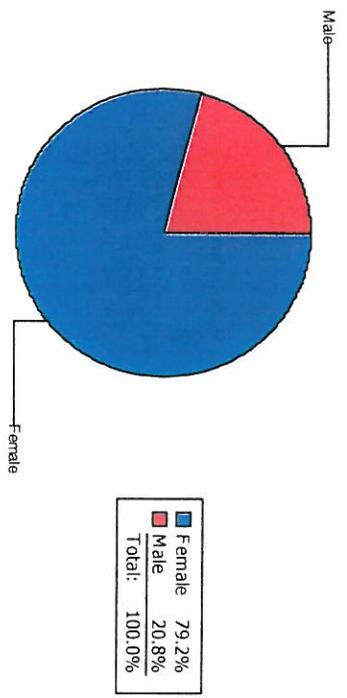
Avg Days on Waiting List by Number of Household Members



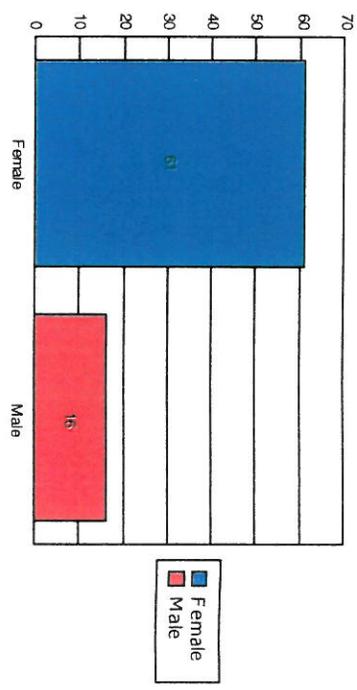
Gender of Head of Household

| | Female | Male | Total |
|--------------|--------|------|-------|
| Not Selected | 61 | 16 | 77 |
| Total | 61 | 16 | 77 |

Gender of Head of HH - Percentage



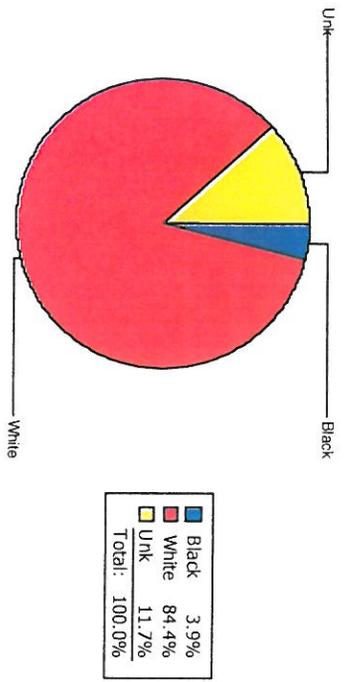
Gender of Head of HH - Count



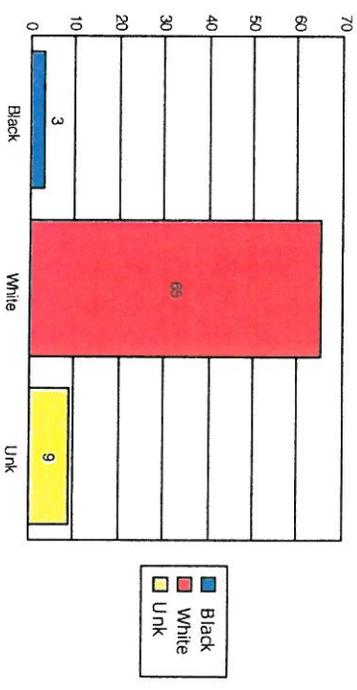
Household Race

| | Black | White | Unk | Total |
|--------------|-------|-------|-----|-------|
| Not Selected | 3 | 65 | 9 | 77 |
| Total | 3 | 65 | 9 | 77 |

Household Race - Percentage



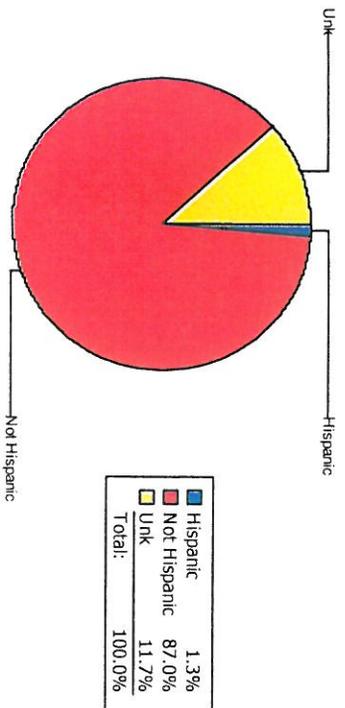
Household Race - Count



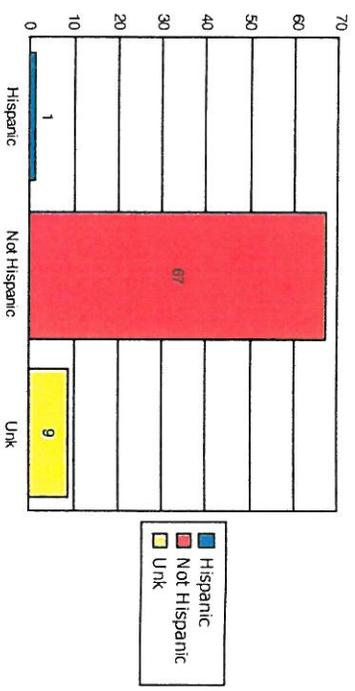
Household Ethnicity

| | Hispanic | Not Hispanic | Unk | Total |
|--------------|----------|--------------|-----|-------|
| Not Selected | 1 | 67 | 9 | 77 |
| Total | 1 | 67 | 9 | 77 |

Household Ethnicity - Percentage



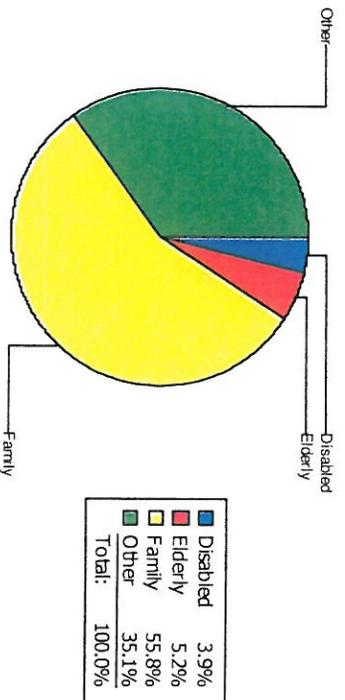
Household Ethnicity - Count



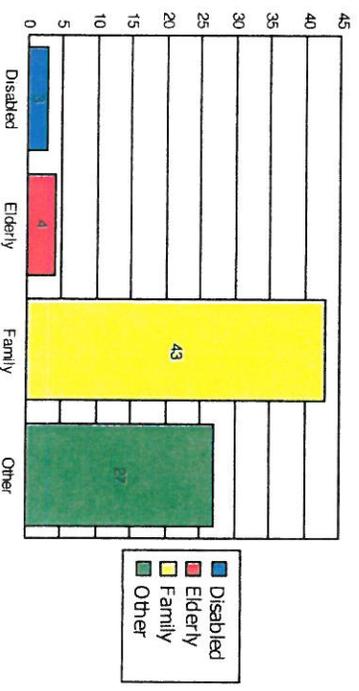
Household Type

| | Disabled | Elderly | Family | Other | Total |
|--------------|----------|---------|--------|-------|-------|
| Not Selected | 3 | 4 | 43 | 27 | 77 |
| Total | 3 | 4 | 43 | 27 | 77 |

Household Type - Percentage



Household Type - Count



**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

| | | |
|--|--|----------------------------------|
| PHA Name: South Carthage Housing Authority | Grant Type and Number Capital Fund Program: TN43PO7250108 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: 2008 |
|--|--|----------------------------------|

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:) 2
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|------------|-------------------|-----------|
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 98,058.00 | 19,570.04 | 322.75 | 322.75 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | 10,895.00 | 10,895.00 | 10,895.00 | 7,836.16 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | 78,487.96 | 78,487.96 | 78,487.96 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1498 Mod Used for Development | | | | |
| 19 | 1502 Contingency | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | 108,953.00 | 108,953.00 | 89,705.71 | 86,646.87 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | | | |
| 23 | Amount of line 20 Related to Security | | | | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | | | | |

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X Kurt O.E. Tschaepe, Executive Director

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 | | |
| PHA Name: SOUTH CRTHAGE HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No: TN43PO7250109 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2009 FFY of Grant Approval: 2009 |

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

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 99,237 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 11,000 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

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

| Part I: Summary | | | | | |
|---|--|---|----------------------|---|----------|
| PHA Name: SOUTH CARTHAGE HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: TN43PO7250109 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant:2009 FFY of Grant Approval: 2009 | |
| 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 ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 110,237 | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part I: Summary | | | | | | |
|--|--|--|----------------------|--------------------------------|---|--|
| PHA Name: SOUTH CARTHAGE HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: TN43SO7250109 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY 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 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 ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | | | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | 3,905.20 | 3,905.20 | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | 13,357 | 24,624.80 | 24,624.80 | 24,624.80 | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | 124,555 | 109,382.00 | 109,382.00 | 63,549.00 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495.1 Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part I: Summary | | | | | |
|---|--|--|--------------------------------------|--|----------|
| PHA Name: South Carthage Housing Authority | | Grant Type and Number Capital Fund Program Grant No: TN43SO7250109 Replacement Housing Factor Grant No: Date of CFFP: | | FFY 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 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 ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 137,912 | 137,912 | 137,912 | 76,906 |
| 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 | | | Signature of Public Housing Director | | Date |
| Date | | | Date | | Date |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part I: Summary | | | | | | |
|--|--|--|----------------------|--------------------------------|---|--|
| PHA Name: SOUTH CARTHAGE HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: TN43PO7250110 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2010 FFY of Grant Approval: 2010 | |
| 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 ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 25,000 | | | | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 15,000 | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | 69,392 | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495.1 Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part I: Summary | | | | | |
|--|--|--|----------------------|--|----------|
| PHA Name: SOUTH CARTHAGE HOUSING AUTHORITY | | Grant Type and Number Capital Fund Program Grant No: TN43PO7250110 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant:2010 FFY of Grant Approval: 2010 | |
| 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 ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 109,392 | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part I: Summary | | | | | | |
|--|--|--|----------------------|--------------------------------|--|--|
| PHA Name: South Carthage Housing Authority | | Grant Type and Number Capital Fund Program Grant No: TN43PO7250111 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2011 FFY of Grant Approval: | |
| 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 ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 75,000 | | | | |
| 3 | 1408 Management Improvements | 5,000 | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 13,000 | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | 58,500 | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495.1 Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

| Part I: Summary | | | | | |
|---|---|--|--|---|----------|
| PHA Name: South Carthage Housing Authority | Grant Type and Number Capital Fund Program Grant No: TN43PO7250111 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant:2011 FFY of Grant Approval: | | | |
| 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 ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 151,500 | | | |
| 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 | | | Signature of Public Housing Director | | |
| Date | | | Date | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary

| PHA Name/Number Gallatin Housing Authority TN029 | | Locality (City/County & State) Gallatin, Sumner, Tennessee | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
|---|--|--|--|--|--|--|
| A. | Development Number and Name | Work Statement for Year 1 FFY <u>2011</u> | Work Statement for Year 2 FFY <u>2012</u> | Work Statement for Year 3 FFY <u>2013</u> | Work Statement for Year 4 FFY <u>2014</u> | Work Statement for Year 5 FFY <u>2015</u> |
| B. | Physical Improvements Subtotal | Annual Statement | 116,500 | 221,000 | 70,000 | 80,000 |
| C. | Management Improvements | | | | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | 12,000 | 12,500 | 8,500 | 10,000 |
| F. | Other | | | | | |
| G. | Operations | | 60,000 | 65,000 | 80,000 | 70,000 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | | | | |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | 188,500 | 298,500 | 158,500 | 160,000 |

Part II: Supporting Pages – Physical Needs Work Statement(s)

| Work Statement for Year 1 FFY _____ | Work Statement for Year <u>4</u> FFY <u>2014</u> | | | Work Statement for Year: <u>5</u> FFY <u>2015</u> | | |
|-------------------------------------|---|----------|----------------|---|----------|----------------|
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| | 72-003 Replace Int doors w/ solid core | 20 DU | 32,000 | 72-001 Remove VCT Tile Repl w/Comm Grade Vinyl | 12 DU | 30,000 |
| | 72-003 Remove Storm doors Replace Ext doors & Frames | 20 DU | 38,000 | 72-003 Remove VCT Tile Repl w/ Comm. Grade Vinyl | 20 DU | 50,000 |
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| | Subtotal of Estimated Cost | | \$70,000 | Subtotal of Estimated Cost | | \$80,000 |

Part III: Supporting Pages – Management Needs Work Statement(s)

| Work Statement for Year 1 FFY 2011 | Work Statement for Year <u>2</u> FFY 2012 | | Work Statement for Year: <u>3</u> FFY 2013 | |
|---|---|----------------------------|---|----------------------------|
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost |
| See Annual Statement | PHA WIDE OPERATIONS | 60,000 | PHA WIDE OPERATIONS | 65,000 |
| | PHA WIDE CENTRAL OFFICE COST CTR | 12,000 | PHA WIDE CENTRAL OFFICE COST CTR | 12,500 |
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| | | Subtotal of Estimated Cost | \$72,000 | Subtotal of Estimated Cost |

