

<b>1.0</b>	<b>PHA Information</b> PHA Name: <b>Erwin Housing Authority</b> <span style="float: right;">PHA Code: <b>TN081</b></span> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <b>01/2011</b>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>73</b> <span style="float: right;">Number of HCV units: <b>0</b></span>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <b>NA</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <p style="color: blue;">The Erwin Housing Authority's aim is to ensure safe, decent and affordable housing; create opportunities for residents' self-sufficiency and economic independence; and assure fiscal integrity by all program participants.</p>																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <p style="color: blue;">FY 2011-2015 GOALS AND OBJECTIVES</p> <p><b>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</b></p> <p><input checked="" type="checkbox"/> <b>PHA Goal: Expand the supply of assisted housing</b>      Objectives:  <input type="checkbox"/> Apply for additional rental vouchers:  <input type="checkbox"/> Reduce public housing vacancies:  <input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities:  <input checked="" type="checkbox"/> <b>Acquire or build units or developments</b>  <input type="checkbox"/> Other: (list below)</p> <p><input checked="" type="checkbox"/> <b>PHA Goal: Improve the quality of assisted housing</b>      Objectives:  <input type="checkbox"/> Improve public housing management: (PHAS score)  <input type="checkbox"/> Improve voucher management: (SEMAP score)  <input checked="" type="checkbox"/> <b>Increase customer satisfaction:</b>  <input type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)  <input checked="" type="checkbox"/> <b>Renovate or modernize public housing units:</b>  <input type="checkbox"/> Demolish or dispose of obsolete public housing:  <input type="checkbox"/> Provide replacement public housing:  <input type="checkbox"/> Provide replacement vouchers:  <input type="checkbox"/> Other: (list below)</p> <p><input type="checkbox"/> <b>PHA Goal: Increase assisted housing choices</b>      Objectives:  <input type="checkbox"/> Provide voucher mobility counseling:  <input type="checkbox"/> Conduct outreach efforts to potential voucher landlords  <input type="checkbox"/> Increase voucher payment standards  <input type="checkbox"/> Implement voucher homeownership program:  <input type="checkbox"/> Implement public housing or other homeownership programs:  <input type="checkbox"/> Implement public housing site-based waiting lists:</p>																										

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

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

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

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

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

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

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

**Other PHA Goals and Objectives: (list below)**

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

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

**VAWA Goals and Objectives:**

PHA Goal: VAWA activities, services or programs provided or offered by an agency, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking.

Objective: In elderly care abusive situations, the EHA will call the Adult Protective Services through the Department of Human Services. In women or men abusive or domestic violence situations, the EHA will have the resident contact the local police department to file a report or to get an order of protection, if needed. The EHA then refers the tenants to CHIPS, an agency offering support for victims of domestic violence and sexual assault. CHIPS provides shelter, a crisis hot line, counseling, information and referral, legal and systems advocacy and support groups. CHIPS refers their clients to the EHA for housing.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing.

Objective: The EHA makes diligent efforts to counsel tenants relative to their problems and refers them to the appropriate agencies listed above to obtain any necessary counseling. Additionally, the Authority's VAWA Policy permits victims of violence to maintain their current housing while evicting a household member who has engaged in the criminal act of physical violence.

PHA Goal: VAWA activities, services or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault and stalking or to enhance victim safety in assisted families.

Objective: The EHA's policies are set to promote stability and a secure safe environment for their families. The definition of family is: Two or more persons related by blood, marriage, or legal adoption who live together in a stable family relationship. A family with or without children who live regularly together in a stable family relationship in the same dwelling unit. Such a family is defined as a group of people related by blood, marriage or operation of law. This allows the EHA to control who legally stays in the apartments. Boyfriends or girlfriends are not allowed to move in and out of apartments, which could lead to violence or domestic violence situations. Domestic violence victims often follow a pattern of allowing the same violent person to come and go in the household. When the EHA becomes aware of a violent situation or a potential violent situation, the EHA enforces their Trespass Policy. This allows the EHA to ban anyone from the Erwin Housing Authority property who have made threats of violence or have committed violent crimes. The EHA conducts police checks on all adult applicants which includes any adults applying to be added to a tenant household. They are not added to the lease until their application has been processed and police reports checked.

	<p><b>STATEMENT OF PROGRESS IN MEETING GOALS AND OBJECTIVES</b></p> <p>Objective – Acquire or build units or developments: The EHA is studying the feasibility of acquiring or building additional units of low-income housing. By utilizing Low Income Housing Tax Credits and below market loans through the Federal Home Loan Bank's Affordable Housing Program, the EHA may expand the supply of affordable housing throughout the area without traditional HUD assistance.</p> <p>Objective – Increase customer satisfaction: The EHA is attempting to keep residents better informed of EHA policies and programs as well as overall Authority information through more frequent notices and by attending monthly meetings with the Resident Council.</p> <p>Objective – Renovate or modernize public housing units: The EHA has continually upgraded its public housing units through the Comprehensive Grant Program as well as the Capital Funds Program. All modernization activities are addressed in accordance with need as well as residents' requests in all developments.</p> <p>Objective – Increase the number and percentage of employed persons in assisted families: Under the ACOP, the EHA gives preference to working families to help increase the number of employed people in assisted housing.</p> <p>Objective – Provide or attract supportive services to improve assistance recipients' employability: The EHA is currently in the process of organizing with third party organizations in offering adult basic education, computer training and/or G.E.D. courses to improve the residents' employability.</p> <p>Objective – Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The EHA continues to operate its public housing program to ensure equal access to all regardless of race, color, religion, national origin, sex, familial status, and disability.</p> <p>Objective – Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability: The EHA's operations and management, inspections, maintenance and modernization programs are spread equally among all developments.</p> <p>Objective – Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: The EHA provides accessible units where needed by our residents. To date, the EHA has more resources than necessary to meet the current needs.</p> <p>Objective – Promote energy efficiency practices and products when performing rehabilitation, repair and replacement in public housing developments: The EHA will incorporate, when applicable, Energy Star Program qualified products and practices when performing rehabilitation, repair and replacement in their public housing developments.</p>
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Financial Resources: The EHA Financial Statement including PHA Operating and Capital Funds, Rental Income, Investments etc. change on an annual basis. The EHA maintains this information on file and makes it available for HUD and public review at the EHA Administration Office.</p> <p>Operation and Management: The EHA adopted an ARRA Procurement Policy during the 2010 PHA Plan Year for implementing the stimulus funds as recommended by HUD. This policy also includes a clause relative to the "Buy American" requirement.</p> <p>Fiscal Year Audit: The EHA's most recent Audit is on file at the EHA Administration Office and is available for HUD and public review.</p> <p>Violence Against Women Act (VAWA): The EHA has completed the required VAWA Policy which is attached along with a description on how the EHA serves the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Erwin Housing Authority Administration Office, 750 Carolina Avenue, Building 100, Erwin, Tennessee 37650.</p>
7.0	<p><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></p> <p>Not Applicable: The EHA is not participating in any of the above listed programs.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><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.</p> <p>See attached Forms HUD 50075.1 for FFY 2011 and all open CFP Grants.</p>
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>

	See attached Form HUD 50075.2 for Five-Year CFP.
8.3	<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.  Not Applicable

9.0

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

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

Family Type	Overall*	Afford-ability	Supply	Quality	Access-ibility	Size	Location
Income <= 30% of AMI	160	3	3	2	1	NA	NA
Income >30% but <=50% of AMI	154	2	2	2	1	NA	NA
Income >50% but <80% of AMI	211	1	2	2	1	NA	NA
Elderly	186	1	2	2	1	NA	NA
Families with Disabilities	NA	NA	NA	2	1	NA	NA
Race/Ethnicity/White	700	NA	NA	2	1	NA	NA
Race/Ethnicity/Black	0	NA	NA	2	1	NA	NA
Race/Ethnicity/Hispanic	40	NA	NA	2	1	NA	NA
Race/Ethnicity/Other	NA	NA	NA	NA	NA	NA	NA

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

Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total:	112		
Extremely low income <=30% AMI	71	64%	
Very low income(>30% but <=50% AMI)	36	32%	
Low income(>50% but <80% AMI)	5	4%	
Families with children	5	4%	
Elderly families	6	5%	
Families with Disabilities	43	38%	
Race/ethnicity White	108	96%	
Race/ethnicity Black	1	1%	
Race/ethnicity Hispanic	3	3%	
Race/ethnicity Other	0	0%	
Characteristics by Bedroom Size			
0 BR	21	19%	
1 BR	23	21%	
2 BR	19	17%	
3 BR	35	30%	
4 BR	14	13%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? NA			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

\*Source: Erwin Housing Authority Public Housing Waiting List

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>The EHA will continue its efforts to meet the specific needs of residents within the jurisdiction of the EHA as identified above. Although the EHA will meet the needs of all of our residents, special emphasis will be directed towards the highest percentage needs such as the provision of smaller size bedroom units (1 &amp; 2 bedroom sizes) for families with children, elderly and individuals with disabilities. In addition, the EHA will continue to employ effective management and maintenance policies to minimize vacancies and turnover time.</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>As discussed in Section 5.2 of this form, the Erwin Housing Authority continues its ongoing efforts to meet the Mission and Goals identified in our most recent 5-Year Agency Plan. The EHA is diligent in providing safe, descent and affordable housing; creating opportunities for our resident’s self-sufficiency and economic independence; and assure fiscal integrity in all public housing programs. Our staff is continually striving to improve our management and service delivery efforts, as well as maintain the physical appearance and function of our dwelling units, grounds and facilities.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>EHA’s definition of “Significant Amendment or Substantial Deviation”:</p> <p>The EHA and HUD will consider the following actions to be substantial deviations from the 5-Year Plan:</p> <ul style="list-style-type: none"> <li>▪ changes to the Erwin Housing Authority’s Mission Statement</li> </ul> <p>The EHA and HUD will consider the following actions to be significant amendments or modifications to the Annual Plan:</p> <ul style="list-style-type: none"> <li>▪ changes to rent or admission policies or organization of waiting list;</li> <li>▪ additions of non-emergency work items (items not included in the current Annual Statement or Five Year Plan) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>▪ any changes with the regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul>
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) <b>ATTACHED</b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) <b>NA</b></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. <b>ATTACHED</b></p> <p>(g) Challenged Elements <b>NONE</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p>

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150111 Replacement Housing Factor Grant No: _____		<b>FFY of Grant:</b> 2011	
PHA Name: Erwin Housing Authority		Date of CFFP: _____		<b>FFY of Grant Approval:</b> 2011	
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: _____		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: _____)	
<input type="checkbox"/> Performance Report by Development Account		<input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
		<b>Original</b>			
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	14,210			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 21)	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	44,000			
11	1465.1 Dwelling Equipment—Nonexpendable	31,000			
12	1470 Non-dwelling Structures	0			
13	1475 Non-dwelling Equipment	0			
14	1485 Demolition	0			
15	1492 Moving to Work Demonstration	0			
16	1495.1 Relocation Costs	0			
17	1499 Development Activities <sup>4</sup>	0			

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

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 Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150111 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2011 FFY OF Grant Approval: 2011	
<b>PHA Name:</b> Erwin Housing Authority		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )			
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
<b>Type of Grant</b>		<b>Summary by Development Account</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0			
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant: (sum of lines 2 – 19)	104,210			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Activities	0			
23	Amount of line 20 Related to Security – Soft Costs	0			
24	Amount of Line 20 Related to Security – Hard Costs	0			
25	Amount of line 20 Related to Energy Conservation Measures	0			
<b>Signature of Executive Director</b> <i>Jon Rice</i>		<b>Signature of Public Housing Director</b>		<b>Date</b> 10/12/2010	

<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  
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 Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150110 Replacement Housing Factor Grant No: )		<b>FFY of Grant:</b> 2010	
<b>PHA Name:</b> Erwin Housing Authority		Date of CFFP: _____		<b>FFY of Grant Approval:</b> 2010	
<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	25,196	24,210	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	20,500	20,500	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	59,500	59,500	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0

<sup>1</sup> To be completed for the Performance and Evaluation Report  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150110 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2010 FFY OF Grant Approval: 2010	
<b>PHA Name:</b> Erwin Housing Authority		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Type of Grant</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	105,196	104,210	0	0
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Signature of Public Housing Director</b>		<b>Date</b>	
				10/12/2010	

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





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

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

Part I: Summary		Grant Type and Number		FFY of Grant:		
PHA Name: Erwin Housing Authority		Capital Fund Program Grant No: TN37P08150109 Replacement Housing Factor Grant No:		2009		
Date of CFFP: _____				FFY of Grant Approval: 2009		
<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 06/30/10 <input checked="" type="checkbox"/> Performance Report for Period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no: ) <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	0	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,035	4,696	4,696	4,696	4,696
3	1408 Management Improvements	0	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0	0
5	1411 Audit	0	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0	0
7	1430 Fees and Costs	20,500	20,500	20,500	20,500	7,176
8	1440 Site Acquisition	0	0	0	0	0
9	1450 Site Improvement	0	0	0	0	0
10	1460 Dwelling Structures	0	0	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0	0
12	1470 Non-dwelling Structures	80,000	80,000	80,000	80,000	73,752
13	1475 Non-dwelling Equipment	0	0	0	0	0
14	1485 Demolition	0	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0	0

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

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<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150109 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2009 FFY OF Grant Approval: 2009	
<b>PHA Name:</b> Erwin Housing Authority		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Type of Grant</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	105,535	105,196	105,196	85,624
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Signature of Public Housing Director</b>		<b>Date</b> 10/12/2010	

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





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<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37S08150109 Replacement Housing Factor Grant No: )		<b>FFY of Grant:</b> ARRA FFY of Grant Approval: 2009	
<b>PHA Name:</b> Erwin Housing Authority		<b>Date of CFFP:</b> _____			
<input 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 checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 06/30/10</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Summary by Development Account</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	14,500	6,162	6,162	6,162
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	0	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	119,086	127,424	127,424	127,424
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0

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

Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37S08150109 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> ARRA FFY OF Grant Approval: 2009	
<b>PHA Name:</b> Erwin Housing Authority		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Type of Grant</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	133,586	133,586	133,586	133,586
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Signature of Public Housing Director</b>		<b>Date</b> 10/12/2010	

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





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Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name: Erwin Housing Authority		Capital Fund Program Grant No: TN37P08150108 Replacement Housing Factor Grant No:		2008	
Date of CFFP: _____		Revised Annual Statement (revision no: )		FFY of Grant Approval: 2008	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	14,490	14,490	14,490	14,490
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	15,500	15,500	15,500	5,790
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	75,545	75,545	75,545	42,418
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0

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

Annual Statement/Performance and Evaluation Report  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
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<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150108 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2008 FFY OF Grant Approval: 2008	
<b>PHA Name:</b> Erwin Housing Authority		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Type of Grant</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	105,535	105,535	105,535	62,698
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Activities	0	0	0	0
23	Amount of line 20 Related to Security – Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security – Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
<b>Signature of Executive Director</b> <i>[Signature]</i>		<b>Signature of Public Housing Director</b>		<b>Date</b> 10/21/2010	

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





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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150107 Replacement Housing Factor Grant No: _____		<b>FFY of Grant:</b> 2007	
<b>PHA Name:</b> Erwin Housing Authority		<b>Date of CFFP:</b> _____		<b>FFY of Grant Approval:</b> 2007	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: _____)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10		<input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	14,490		14,490	14,490
3	1408 Management Improvements	0		0	0
4	1410 Administration (may not exceed 10% of line 21)	0		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	15,500		15,500	15,500
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	70,000		70,000	70,000
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	0		0	0
17	1499 Development Activities <sup>4</sup>	0		0	0

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

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<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P08150107 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007 FFY OF Grant Approval: 2007	
<b>PHA Name:</b> Erwin Housing Authority		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Type of Grant</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0		0	0
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0		0	0
19	1502 Contingency (may not exceed 8% of line 20)	0		0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	99,990		99,990	99,990
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Activities	0		0	0
23	Amount of line 20 Related to Security – Soft Costs	0		0	0
24	Amount of Line 20 Related to Security – Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0
<b>Signature of Executive Director</b> <i>Yan U. Lee</i>		<b>Signature of Public Housing Director</b>		<b>Date</b> 10/12/2010	

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





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

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

**Part I: Summary**

PHA Name/Number Erwin Housing Authority/TN081		Locality (City/County & State) Erwin/Unicoi County Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
A.	Physical Improvements Subtotal	59,500	59,500	59,500	0	
B.	Management Improvements	0	0	0	0	
C.	PHA-Wide Non-dwelling Structures and Equipment	0	0	0	59,500	
D.	Administration	0	0	0	0	
E.	Other (1430)	20,500	20,500	20,500	20,500	
F.	Operations	24,210	24,210	24,210	24,210	
G.	Demolition	0	0	0	0	
H.	Development	0	0	0	0	
I.	Capital Fund Financing – Debt Service	0	0	0	0	
J.	Total CFP Funds	104,210	104,210	104,210	104,210	104,210
K.	Total Non-CFP Funds	0	0	0	0	0
L.	Grand Total	104,210	104,210	104,210	104,210	104,210



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

Work Statement for Year 1 FFY 2011	Work Statement for Year: 2 FFY 2012			Work Statement for Year: 3 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	TN081-001/Town Acres Windows	Dev-wide	59,500	TN081-001/Town Acres Electrical (50%) Exterior Doors	Dev-wide Dev-wide	21,900 30,000
				TN081-003/Town Acres Annex Electrical Exterior Doors Windows	Dev-wide Dev-wide Dev-wide	1,000 600 6,000
	Subtotal of Estimated Cost		\$59,500	Subtotal of Estimated Cost		\$59,500







## **Erwin Housing Authority Violence Against Women Act**

The Erwin Housing Authority (EHA) prepared the 2011 PHA Five Year and Annual Plan in consultation with the Resident Advisory Board on August 20, 2010 and through a Public Hearing conducted on October 12, 2010. The purpose of the meetings was to receive resident and public comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the 2011 PHA Plan was discussed during these meetings including any PHA Plan elements that have been revised by the EHA since the last Annual Plan submission. It was noted that no EHA Policies and/or Procedures, including the VAWA Policy, have been revised or amended.

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

- a) Any activities, services or programs provided or offered by an agency, either directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking: In elderly care abusive situations, the EHA will call the Adult Protective Services through the Department of Human Services. In women or men abusive or domestic violence situations, the EHA will have the resident contact the local police department to file a report or to get an order of protection, if needed. The EHA then refers the tenants to CHIPS, an agency offering support for victims of domestic violence and sexual assault. CHIPS provides shelter, a crisis hot line, counseling, information and referral, legal and systems advocacy and support groups. CHIPS refers their clients to the EHA for housing.
  
- b) Any activities, services or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing: The EHA makes diligent efforts to counsel tenants relative to their problems and refers them to the appropriate agencies listed above to obtain any necessary counseling. Additionally, the Authority's VAWA Policy permits victims of violence to maintain their current housing while evicting a household member who has engaged in the criminal act of physical violence.

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

# **ERWIN HOUSING AUTHORITY**

**750 Carolina Avenue, Building 100**

**Erwin, TN 37650**

## **VIOLENCE AGAINST WOMEN ACT (VAWA) PHA STATEMENT**

The Erwin Housing Authority (EHA) provides or offers referrals, training, and information to anyone being abused. This includes child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

We refer applicants and tenants to the local domestic abuse program:

CHIPS – Change is Possible, 217 S. Main Ave. Erwin, TN 37650,  
(423) 743-0022.

This program provides confidential emergency shelter, crisis counseling, information and referral to appropriate support services, and criminal justice and legal advocacy to help victims through the legal process. CHIPS also provides training to public schools, and other community organizations, including the Erwin Housing Authority.

The National Domestic Violence Hotline is 1-800-799-7233 and the Tennessee Coalition Against Domestic & Sexual Violence can be reached at 1-800-289-9018. Victims of abuse are encouraged to call 9-1-1 in an emergency.

The Erwin Housing Authority cooperates with law enforcement to ensure the safety and confidentiality of victims of violence and their families. The VAWA Notice and Certification of Domestic Violence, form HUD-50066, is given to all applicants and tenants to advise them of their rights under the Violence Against Women and Justice Department Reauthorization Act of 2005.

The housing authority dwelling lease and admissions policy allows for the perpetrator of any violent activity to be removed from the lease and allow the victim and other household members to remain in the home.

**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

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

Erwin Housing Authority

TN081

PHA Name

PHA Number/HA Code

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

Annual PHA Plan for Fiscal Years 20      - 20     

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
Bob LaFever	Board Chairman
Signature	Date
	10-12-10

**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.

Erwin Housing Authority

TN081

\_\_\_\_\_  
 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)

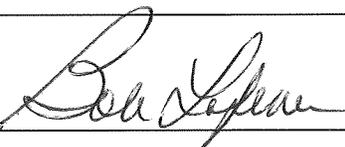
Name of Authorized Official

Bob LaFever

Title

Board Chairman

Signature



Date

10-12-10

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Erwin Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

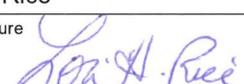
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each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

TN081-001 Town Acres and TN081-003 Town Acres Annex

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 Lori Rice	Title Executive Director
Signature 	Date 10/12/2010

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Erwin Housing Authority

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

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

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

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

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

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

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

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

Name of Authorized Official

Lori Rice

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/12/2010

## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing b. material change <b>For Material Change Only:</b> year <u>NA</u> quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Erwin Housing Authority 750 Carolina Avenue, Building 100 Erwin, Tennessee 37650  <b>Congressional District, if known:</b>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> NA  <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b> U.S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b> FFY 2011 Five Year and Annual Agency Plan CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> NA	<b>9. Award Amount, if known:</b> \$ 104,210	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>  NA	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>  NA	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Lori Rice</u> Title: <u>Executive Director</u> Telephone No.: <u>(423) 743-5231</u> Date: <u>10/12/2010</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## **Comments of Resident Advisory Board**

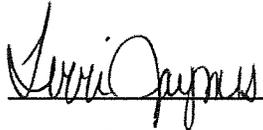
The Erwin Housing Authority (EHA) conducted its Resident Advisory Board (RAB) Meeting on August 20, 2010 at the EHA Community Room. The purpose of the meeting was to discuss the FY 2011 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the EHA arrived with the information. The Board showed favorable consideration to the FY 2011 PHA Agency Plan and had no additional comments or suggestions relative to the capital improvements.

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

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

 10/12/10

Signed / Dated by Appropriate State or Local Official