

1.0	PHA Information PHA Name: <u>Bluefield Housing Authority</u> PHA Code: <u>WV018</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/01/2011</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>165</u> Number of HCV units: <u>361</u>																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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 rowspan="2" style="width: 30%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 10%;">PH</th> <th style="width: 10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
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: N/A as per 5.0 instructions																										
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. N/A as per 5.0 instructions																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: The only PHA Plan elements that have been revised by the PHA since its last submission are the Capital Fund budget pages, which are attached. (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. The public may obtain copies of the Five-Year and Annual Agency Plan at the Bluefield Housing Authority's administrative offices at 1600 Hill Avenue, Bluefield, WV, 24701.																										
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> The Bluefield Housing Authority is not involved in the Hope VI program, nor are there plans to be come involved in mixed finance modernization or development, demolition and/or disposition activities. There are also no plans to convert public housing units.																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. 8.1 through 8.3 are Attached and made a part of this Annual Plan																										
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 CFP financing.																										
8.2	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.																										
8.3	Capital Fund Financing Program (CFFP). <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.																										

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.

Housing Needs.

Using the latest available information, the Bluefield Housing Authority has determined the following Housing Needs:

Housing Needs of Families on the PHA's Public Housing Waiting Lists

	# of families	%	Annual Turnover
Waiting list total	43		50
Extremely low income <=30% AMI	36	84	
Very low income (>30% but <=50% AMI)	7	16	
Low income (>50% but <80% AMI)	0	0	
Families with children	14	33	
Elderly families	0	.0	
Families with Disabilities	7	17	
Race/ethnicity	White- 23	53	
Race/ethnicity	Black- 20	47	
Race/ethnicity	American Indian-0	0	
Race/ethnicity	Hispanic/Latino, Alaskan Native, Asian/ Pacific Islander, Native I lawaian	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	25		
2 BR	11		
3 BR	5		
4 BR	2		

Housing Needs of Families on the PHA's Section 8 Waiting Lists

	# of families	% of total families	Annual Turnover
Waiting list total	90		120
Extremely low income <=30% AMI	68	76	
Very low income (>30%but<=50%AMI)	22	24	
Low income (>50%but<80%AMI)	0	0	
Families with children	53	59	
Elderly families	4	4	
Families with Disabilities	22	24	
Race/ethnicity	White - 63	70	
Race/ethnicity	Black - 23	26	
Race/ethnicity	unknown- 1	01	
	Am Indian 2	3	

9.0

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.**

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.**

The Bluefield Housing Authority has adopted the following strategies:

1. Maximize the number of affordable units available within its current resources by (a) employing effective maintenance and management policies to minimize the number of public housing units off-line; (b) reduce the turnover time for vacated public housing units; (c) reduce the time to renovate public housing units; (d) maintain or increase HCV lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction; and (e) maintain or increase lease-up rates in the HCV Program by marketing the program to owners, particularly those outside areas of minority and poverty concentration.
2. Increase the number of affordable housing units by (a) applying for additional HCV Program vouchers should they become available, and (b) pursue housing resources other than public housing tenant-based assistance.
- 9.1 3. Target available assistance to families at or below 30% of AMI by (a) exceeding HUD federal targeting requirements for families at or below 30% of AMI in the HCV program; and (b) adopting rent policies to support and encourage work.
4. Target available assistance to families at or below 50% of AMI by (a) employing admissions preferences aimed at families who are working; and (b) adopting rent policies to encourage work.
5. Target available assistance to the elder by applying for special-purpose vouchers targeted to the elderly should they become available.
6. Target available assistance to families with disabilities by (a) applying for special purpose vouchers targeted to families with disabilities should they become available; and (b) affirmatively market to local non-profit agencies that assist families with disabilities.
7. Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs by affirmatively marketing to races/ethnicities shown to have disproportionate housing needs.
8. Conduct activities to affirmatively further fair housing by counseling voucher holders as to location of units outside of areas of poverty or minority concentrations and assist them in locating those units.

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (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.
- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Additional Information. Describe the following, as well as any additional information HUD has requested.

- (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
- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

(a) The Bluefield Housing Authority has been able to meet several of the missions and goals stated in its last five-year plan, including the employment of several of the listed strategies. The Authority has undertaken efforts to better explain the HCV program and how to find units in its briefings to new voucher holders. This resulted in 100% lease up of the Voucher program. While this was the goal, the economy caused HAP's to increase. The situation caused the agency to over-lease based on funding available (not based on units awarded); this has caused the agency to stop issuing Vouchers, which has in turn caused the agency to receive decreased administrative fees. The agency has made significant improvements in the down time of public housing units; the agency has worked to make the public housing units more marketable by providing excellent upkeep of units, resident services, and making the agency available after normal business hours to attract families who work; the agency's security efforts through use of security cameras, strict lease enforcement, and thoroughly explaining the lease to new families moving in to public housing, has helped to increase security in the developments; the agency continues to include in all advertisements that assistance is provided without regard to race, color, religion, national origin, sex, familiar status and/or disability by display of the Equal Opportunity Housing Logo.

(b) The Housing Authority hereby defines "Substantial Deviation" and "Significant Amendment or Modification" as actions that cause:

1. Changes to rent or admissions policies or organization of the waiting list;
2. Additions of non-emergency work items (items not included in the annual statement or five-year action plan) which exceed \$100,000, or changes in use of replacement reserve funds under the Capital Fund Program;
3. Additions of new activities not previously included in the PHDEP Plan, if applicable;
4. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any amendments or modifications that are adopted to reflect changes in HUD regulatory requirements or for emergency work items not previously identified in the agency's Plan. Such changes will not be considered significant amendments by the Housing Authority or by HUD.

10.0

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> <ul style="list-style-type: none"> (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) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (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. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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RESIDENT ADVISORY BOARDS COMMENTS

THERE WERE NO COMMENTS RECEIVED BY THE RESIDENT ADVISORY BOARD

CHALLENGED ELEMENTS

THERE ARE NO CHALLENGED ELEMENTS

Part I: Summary						FINAL	
PHA Name: Bluefield Housing Authority		Grant Type and Number Program Capital Fund Grant No: WV15P01850110 Replacement Housing Factor Grant Date of CFFP: _____ No:			FFY of Grant: 2010		
					FFY of Grant Approval: 2010		
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement		(re vision no:	
Original Annual Statement		Performance and Evaluation Report for Period Ending: 04/15/2011					
Line	Summary by Development Account	Original	Total Revised ²	Obligated	Total Actual Cost ¹		Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	221,177	271,177	271,177	221,177		
3	1408 Management Improvements	0					
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	10,500	0				
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	50,000	0				
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures	*					
13	1475 Non-dwelling Equipment	20,000	3677	3677	3677		3677
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
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)	274,845	274,854	274,854	274,854		225,854
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						

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:		Grant Type and Number	
		Capital Fund Program Grant No: _____	Replacement Housing Factor Grant No: _____
		Date of CFFP: _____	
		FFY of Grant:	
		FFY of Grant Approval:	
Type of Grant			
Original Annual Statement		Revised Annual Statement (re vision no: _____)	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	
		Total Actual Cost¹	
		Original	Revised²
		Obligated	Expended
Signature of Executive Director		Date	Signature of Public Housing Director
			Date

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Bluefield				Federal FFY of Grant: 2010	
Development Number Name/PHA -Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
WV15P018001	07/14/2012		07/14/2014		

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

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: Bluefield Housing Authority		Grant Type and Number Program Capital Fund Grant No: WV15P01850111 Replacement Housing Factor Grant Date of CFFP: _____ No:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending: Reserve for Disasters/Emergencies Revised Annual Statement (re vision no:)					
Line	Summary by Development Account	Total		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	175,000			
3	1408 Management Improvements	0			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	50,000			
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				
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)	230,000			
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				

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:	Grant Type and Number Capital Fund Program Grant No: _____ Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant:		
			FFY of Grant Approval:		
Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (re vision no: _____) Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
Signature of Executive Director		Date	Signature of Public Housing Director		Date

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Bluefield Housing				Federal FFY of Grant: 2010	
Development Number Name/PHA -Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
715P018001	07/14/2013		07/14/2015		

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		Annual Statement/Performance and Evaluation Report			U.S. Department of Housing and Urban Development	
Capital Fund Program, Capital Fund Program Replacement Housing Factor and		Capital Fund Program Replacement Housing Factor and			Office of Public and Indian Housing	
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2012 PHA FY: 2012	Work Statement for Year 3 FFY Grant: 2012 PHA FY:2013	Work Statement for Year 4 FFY Grant: 2014 PHA FY:2014	Work Statement for Year 5 FFY Grant: 2015 PHA FY:2015	
WV018P018-001/003	Annual Statement	Appliance replacement, fixture replacement, interior doors, operations, maintenance equipment, fees and costs, roofing, , bath tub replacement, site work, computer software replacement, computer replacement, operations	Appliance replacement, fixture replacement, operations, maintenance equipment, fees and costs, roofing, window replacement, site work, office equipment, termite treatment, concrete work, operations	Cycle painting, operations, fees and costs, window replacement, site improvements, replace entrance doors, community room, furnace replacement, operations	Community room, fees and costs, site improvements, non-dwelling equipment, operations, fees and costs, community space equipment Furnace equipment, operations	
Total CFP Funds (Est.)		250,000	250,000	250,000	250,000	
Total Replacement Housing Factor Funds						

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

and Program Five-Year Action Plan
Supporting Pages—Work Activities

Activities for Year : 2012 FFY Grant:2010 PHA FY: 2010			Activities for Year: 2013 FFY Grant:2011 PHA FY: 2011		
DEVELOPMENT NAME/NUMBER	MAJOR WORK CATEGORIES	ESTIMATED COST	DEVELOPMENT NAME/NUMBER	MAJOR WORK CATEGORIES	ESTIMATED COST
WV15P018- 001/003	1465.1 – Dwelling Equipment: Appliance Replacement	25,000		1465.1 – Dwelling Equipment: Appliance Replacement	25,000
	1460 Dwelling Structures Interior doors Tub replacement Roof replacement Fixtures replacement Lighting replacement	120,000		1460 Dwelling Structures Tub replacement Window replacement Roof replacement Fixtures replacement Termite treatment	130,000
	1450- Site Improvements Landscaping, retaining walls	30,000		1450- Site Improvements Concrete work, site improvements	20,000
	1475 – NonDwelling Equipment Maintenance equipment	20,000		1475 – NonDwelling Equipment Office equipment	20,000
	1406 - Operations	45,000		1406 - Operations	45,000
	1430 – A&E Fees	10,000		1430 – A&E Fees	10,000
		250,000			250,000

**and Program Five-Year Action Plan
 Reporting Pages—Work Activities**

Activities for Year : 2014 FFY Grant:2012 PHA FY: 2012			Activities for Year: 2015 FFY Grant:201 PHA FY:2013		
DEVELOPMENT NAME/NUMBER	MAJOR WORK CATEGORIES	ESTIMATED COST	DEVELOPMENT NAME/NUMBER	MAJOR WORK CATEGORIES	ESTIMATED COST
WV15P018- 001/003	1465.1 – Dwelling Equipment: Furnace replacement	50,000		1465.1 – Dwelling Equipment: Furnace replacement	150,000
WV15P018- 001/003	1460 Dwelling Structures Cycle painting Window replacement Entrance doors replacement	40,000		1460 Dwelling Structures Cycle painting Window replacement	30,000
WV15P018- 001/003	1450- Site Improvements Landscaping, concrete work	10,000		1450- Site Improvements Landscaping, concrete work	10,000
WV15P018- 001/003	1470 – NonDwelling Structures	75,000		1475 – NonDwelling Equipment Community room equipment	10,000
WV15P018- 001/003	1406 - Operations	40,000		1406 - Operations	40,000
WV15P018-	1430 – A&E Fees	10,000		1430 – A&E Fees	10,000

001/003				
WV15P018- 001/003	1408-Management Improvements Computer software and hardware replacement	25,000		
		250,000		250,000

**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 7/1/2011, 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.

Bluefield Housing Authority
PHA Name

WV018
PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 2011 - 2012

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

Name of Authorized Official <u>Jack White</u>	Title <u>Vice-Chairman</u>
Signature <u>X Jack White</u>	Date <u>4/14/2011</u>

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.

Bluefield Housing Authority

WV018

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	Jack White
Title	Vice-Chairman
Signature	
Date	04/14/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Bluefield Housing Authority

Program/Activity Receiving Federal Grant Funding

Annual Plan

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

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

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

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

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

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

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

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

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

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

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

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

1600 Hill Ave
Roanoke & Putaski Streets
Bluefield, WV 24701

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

Cindy Peast Harrington

Title

Executive Director

Signature

Date

X Cindy Peast Harrington

4/14/11

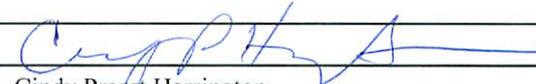
DISCLOSURE OF LOBBYING ACTIVITIES

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.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input 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 checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 3 rd	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: US Department of HUD	7. Federal Program Name/Description: Annual Plan 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 <i>(including address if different from No. 10a)</i> <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:  Print Name: <u>Cindy Prest Harrington</u> Title: <u>Executive Director</u> Telephone No.: <u>304 325-9653</u> Date: <u>04/14/11</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Bluefield Housing Authority, P.O. Box 1475, Bluefield, WV 24701

Program/Activity Receiving Federal Grant Funding

Annual 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

Cindy Prest Harrington

Title

Executive Director

Signature

Date (mm/dd/yyyy)

04/14/2011

**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, _____ the _____ certify that the Five Year and
Annual PHA Plan of the Bluefield Housing Authority is consistent with the Consolidated Plan of
State of West Virginia prepared pursuant to 24 CFR Part 91.

Signed / Dated by Appropriate State or Local Official