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

| 1.0 | PHA Information PHA Name: _____ Jackson County Housing Authority _____ PHA Code: ___ WV035 ___ PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): ___ 01/2011 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: ___ 147 _____ Number of HCV units: ___ 915 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program | | PH | HCV | PHA 1: | | | | | | PHA 2: | | | | | | PHA 3: | | | | | |
| Participating PHAs | PHA Code | | | | | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program | | | | | | | | | | | | | | | | | | | |
| | | PH | HCV | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHA 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 | Mission. The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 | Goals and Objectives. (1) Reduce public housing vacancies (2) Improve PHAS and SEMAP scores (3) Increase customer satisfaction (4) Increase voucher payment standards (5) Implement public housing security improvements (6) Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability (7) 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 (8) Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required (9) Maintain compliance with all applicable legal requirements imposed by the Violence Against Women Act (VAWA) (10) Take steps to ensure the safety of victims of actual or threatened domestic violence, dating violence or stalking who are assisted by the Jackson County Housing Authority. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.0 | PHA Plan Update (a) There have been no PHA Plan elements that have been revised since submission of our 2010 Annual Plan (b) A copy of the Five Year and Annual Plans may be reviewed at the Administrative Office located at Tanglewood Villa, Whispering Way, Ripley, WV | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. N/A</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.0 | Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1 | Capital Fund Program Annual Statement/Performance and Evaluation Report. See Below | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.2 | Capital Fund Program Five-Year Action Plan. See Below | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.3 | Capital Fund Financing Program (CFFP). N/A <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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.0 | Housing Needs The Jackson County Housing Authority is currently serving families through our Public Housing Program (PH) and our Housing Choice Voucher Program (HCV). Our PH is made up of 70% Extremely Low, 24% Very Low and 6% Low Income families. 18% are Elderly and 6% are Disabled. Our HCV is made up of 72% Extremely Low, 22% Very Low and 6% Low Income families. 4% are Elderly and 2% are Disabled. We have suspended issuing new Voucher due to shortage of HAP funding but, continue to place families on the waiting list. Our PH waiting list consists of 77 families. All of our PH units are inspected annually and meet Housing Quality Standards (HQS). | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 9.1 | <p>Strategy for Addressing Housing Needs: Our strategy for addressing the housing needs of families in the jurisdiction and on our waiting list is to (1) Employ effective maintenance and management policies to minimize the number of public housing units off-line (2) Reduce turnover time for vacated public housing units (3) Adopt rent policies to support and encourage work (4) Seek designation of public housing for the elderly only (5) Continue to employ an “open door” policy for tenants to voice their opinions regarding housing needs and (6) Monitor our HCV budget and reinstate issuance of vouchers as soon as it becomes economically feasible.</p> |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. We have adopted an aggressive screening policy for public housing to ensure to the best of our ability that new admissions will be good neighbors. In our Section 8 program, we are screening applicants to the fullest extent allowable while not taking away the ultimate responsibility from the landlord. Our screening practices will meet all fair housing requirements.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. The Jackson County Housing Authority has defined “Substantial Deviation” and “Significant Amendment or Modification” as they relate to the Agency Plan as Follows: Substantial Deviation(s) from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:</p> <ul style="list-style-type: none"> • Any change to rent or admissions policies or organization of the waiting list; • Additions of non-emergency work items when dollar amounts exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget; • And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. <p>Significant Amendment or Modification of the Annual Plan means:</p> <ul style="list-style-type: none"> • Any change to rent or admission policies or organization of the waiting list; • Additions of non-emergency work items when dollar amounts exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget; • And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. |
| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> <p style="text-align: center;">Resident Advisory Board Comments</p> <p>The Housing Authority of the County of Jackson does not have an active Resident Advisory Board. Our PHA Plan was made available for review to the residents of Jackson County Housing Authority at an advertised tenant meeting and no comments were received.</p> |

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

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

| Part I: Summary | | | | | |
|---|--|--|----------------------|--------------------------------|--|
| PHA Name: Jackson County Housing Authority | | Grant Type and Number Capital Fund Program Grant No: WV15P03550111 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2011 FFY of Grant Approval: |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 38,000 | | -0- | -0- |
| 3 | 1408 Management Improvements | | | -0- | -0- |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 14,346 | | -0- | -0- |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 70,000 | | | |
| 10 | 1460 Dwelling Structures | 111,815 | | -0- | -0- |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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| Part I: Summary | | | | | |
|--|--|--|----------------------|---|----------|
| PHA Name: Jackson County Housing Authority | | Grant Type and Number Capital Fund Program Grant No: WV15P03550111 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant:2011 FFY of Grant Approval: | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | 234,161 | | -0- | -0- |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | | Date | Signature of Public Housing Director | |
| | | | | Date | |

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

| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|--|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Jackson County Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: WV15P03550111 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2011 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| WV035-01 Rolling Meadow Village | Complete Bathroom Renovations | 1460 | | 50,000 | | -0- | -0- | |
| | Upgrade Security Cameras, Add 4 Additional Cameras | 1460 | | 46,000 | | -0- | -0- | |
| | | | | | | | | |
| | | | | | | | | |
| | Sub Total | | | 96,000 | | -0- | -0- | |
| | | | | | | | | |
| WV035-02 Tanglewood Villa | | | | | | | | |
| | Add 20 Additional Parking Spaces | 1450 | | 70,000 | | -0- | -0- | |
| | Upgrade Security Cameras | 1460 | | 15,815 | | | | |
| | | | | | | | | |
| | Sub Total | | | 85,815 | | -0- | -0- | |
| HA-Wide | | | | | | | | |
| | Fees & Costs | 1430 | | 14,346 | | -0- | -0- | |
| | Operations | 1408 | | 38,000 | | -0- | -0- | |
| | | | | | | -0- | -0- | |
| | | | | | | | | |
| | Sub Total | | | 52,346 | | -0- | -0- | |
| | | | | | | | | |
| | Grand Total | | | 234,161 | | -0- | -0- | |

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

² To be completed for the Performance and Evaluation Report.

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|--|---|-------------------------------|---|--------------------------------|---|
| PHA Name: Jackson County Housing Authority | | | | Federal FFY of Grant: 2011 | |
| 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 | |
| WV035-01 RMV | 6/30/13 | | 6/30/14 | | |
| WV035-02 TWV | 6/30/13 | | 6/30/14 | | |
| WV035-HA Wide | 6/30/13 | | 6/30/14 | | |
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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: Jackson County Housing Authority | | Grant Type and Number Capital Fund Program Grant No: WV15P03550110 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2010 FFY of Grant Approval: | |
| Type of Grant Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending: 9/30/10 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 23,416 | | -0- | -0- | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | 18,500 | | -0- | -0- | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | 192,245 | | -0- | -0- | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495.1 Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Capital Fund Financing Program

OMB No. 2577-0226

Expires 4/30/2011

| Part I: Summary | | | | | |
|--|--|--|----------------------|---|----------|
| PHA Name: Jackson County Housing Authority | | Grant Type and Number Capital Fund Program Grant No: WV15P03550110 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant:2010 FFY of Grant Approval: | |
| Type of Grant <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: 9/30/10 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 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) | 234,161 | | -0- | -0- |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | | Date | Signature of Public Housing Director | |
| | | | | Date | |

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⁴ RHF funds shall be included here.

| Part II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|--|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Jackson County Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: WV15P03550110 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2010 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| WV035-01 Rolling Meadow Village | Bathroom Plumbing & Fixtures | 1460 | | 192,245 | | -0- | -0- | |
| | | | | | | -0- | -0- | |
| | Sub Total | | | 192,245 | | | | |
| | | | | | | -0- | -0- | |
| WV035-02 Tanglewood Villa | | | | | | -0- | -0- | |
| | | | | | | -0- | -0- | |
| | Sub Total | | | | | -0- | -0- | |
| HA-Wide | | | | | | | | |
| | Fees & Costs | 1430 | | 18,500 | | -0- | -0- | |
| | Operations | 1406 | | 23,416 | | -0- | -0- | |
| | | | | | | -0- | -0- | |
| | Sub Total | | | 41,916 | | | | |
| | | | | | | -0- | -0- | |
| | Grand Total | | | 234,161 | | -0- | -0- | |

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² To be completed for the Performance and Evaluation Report.

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|--|---|-------------------------------|---|--------------------------------|---|
| PHA Name: Jackson County Housing Authority | | | | 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 | |
| WV035-01 RMV | 6/30/12 | | 6/30/13 | | |
| WV035-02 TWV | 6/30/12 | | 6/30/13 | | |
| WV035-HA Wide | 6/30/12 | | 6/30/13 | | |
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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: Jackson County Housing Authority | | Grant Type and Number Capital Fund Program Grant No: WV15P03550109 Replacement Housing Factor Grant No: Date of CFFP: | | | FFY of Grant: 2009 FFY of Grant Approval: 2009 |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 70,741 | | 70,741 | 70,741 |
| 3 | 1408 Management Improvements | 51,150 | | 39,039 | 39,039 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 18,762 | | -0- | -0- |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 9,500 | | 8,990 | 8,990 |
| 10 | 1460 Dwelling Structures | 67,025 | | 9,783 | 9,783 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | 17,350 | | 17,350 | 17,350 |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

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| Part I: Summary | | | | | |
|--|--|--|----------------------|---|----------|
| PHA Name: Jackson County Housing Authority | | Grant Type and Number Capital Fund Program Grant No: WV15P03550109 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2009 FFY of Grant Approval: 2009 | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 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) | 234,528 | | 145,903 | 145,903 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | | Date | Signature of Public Housing Director | |
| | | | | Date | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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 II: Supporting Pages | | | | | | | | |
|---|---|----------------------------|--|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Jackson County Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: WV15P03550109 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| WV035-01 Rolling Meadow Village | Asphalt Sealing | 1450 | | 9,500 | | 8,990 | 8,990 | |
| | Replace Office Heat Pumps | 1470 | | 4,350 | | 4,350 | 4,350 | |
| | Misc 504 Renovations | 1460 | | 14,500 | | -0- | -0- | |
| | Sub Total | | | 28,350 | | 13,340 | 13,340 | |
| WV035-02 Tanglewood Villa | Window Replacement | 1460 | | 38,025 | | 9,783 | 9,783 | |
| | Misc 504 Renovations | 1460 | | 14,500 | | -0- | -0- | |
| | Replace Office Heat Pumps | 1470 | | 13,000 | | 13,000 | 13,000 | |
| | Sub Total | | | 65,525 | | 22,783 | 22,783 | |
| WV035-HA Wide | Fees & Costs | 1430 | | 18,762 | | -0- | -0- | |
| | Administration | 1410 | | 70,741 | | 70,741 | 70,741 | |
| | Management Improvements | 1408 | | 51,150 | | 39,039 | 39,039 | |
| | Sub Total | | | 140,653 | | 109,780 | 109,780 | |
| | Grand Total | | | 234,528 | | 145,903 | 145,903 | |

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

² To be completed for the Performance and Evaluation Report.

| Part III: Implementation Schedule for Capital Fund Financing Program | | | | | |
|--|---|-------------------------------|---|--------------------------------|---|
| PHA Name: Jackson County Housing Authority | | | | | Federal FFY of Grant: 2009 |
| 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 | |
| WV035-01 Rolling Meadow Village | 6/30/11 | | 6/30/12 | | |
| WV035-02 Tanglewood Villa | 6/30/11 | | 6/30/12 | | |
| WV035-HA Wide | 6/30/11 | | 6/30/12 | | |
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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.

CAPITAL FUND PROGRAM FIVE YEAR ACTION PLAN

PART I: SUMMARY

| PHA Name/Number | | Locality (City/County & State) | | | <input checked="" type="checkbox"/> Original 5-Year Plan | <input type="checkbox"/> Revision No: |
|-----------------|--|---|---|---|---|---|
| A. | Development Number and Name | Work Statement for Year 1 FFY _____2011_____ | Work Statement for Year 2 FFY _____2012_____ | Work Statement for Year 3 FFY _____2013_____ | Work Statement for Year 4 FFY _____2014_____ | Work Statement for Year 5 FFY _____2015_____ |
| B. | Physical Improvements Subtotal | Annual Statement | 203,000 | 80,000 | 192,661 | 192,661 |
| C. | Management Improvements | | | 30,000 | | |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | 30,000 | | |
| E. | ADMINISTRATION | | | | | |
| F. | Other (Fees & Costs) | | 18,000 | 12,000 | 18,500 | 18,500 |
| G. | Operations | | 13,161 | 82,161 | 23,000 | 23,000 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | 234,161 | 234,161 | 234,161 | 234,161 |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | | | | |

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

| Work Statement for Year 1 FFY ____2011____ | Work Statement for Year ____2012____ FFY ____2012____ | | | Work Statement for Year: ____2013____ 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 |
| Statement | | | | WV035-01 RMV | | |
| | | | | Playground Site and Equipment | | 80,000 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | WV035-02-TWV | | | WV035-02-TWV | |
| | | Kitchen Cabinets | 74 units | 203,000 | | |
| | | | | | | |
| | | | | | WV035-HA | |
| | | | | | Phone System | 30,000 |
| | | | | | Maintenance Equipment | 30,000 |
| | | | | | | |
| | | | | | | |
| | | Subtotal of Estimated Cost | | \$ 203,000 | Subtotal of Estimated Cost | |

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

| Work Statement for Year 1 FFY _____ 2011 _____ | Work Statement for Year _____ 2014 _____ FFY _____ | | | Work Statement for Year: ____ 2015 _____ FFY _____ | | |
|--|--|----------------------------|----------------|---|----------------------------|----------------|
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| Statement | WV035-01 RMV | | | WV035-01 RMV | | |
| | Roof Replacement | | 192,661 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | WV035-02-TWV | | | WV035-02-TWV | | |
| | | | | Roof Replacement | | 192,661 |
| | | | | | | |
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| | | Subtotal of Estimated Cost | | \$ 192,661 | Subtotal of Estimated Cost | |