

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: _____ Mississippi Regional Housing Authority IV _____ PHA Code: _____ MS019 _____ PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): _____ 07/2012 _____																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ 389 _____ Number of HCV units: _____ 2,474 (Baseline) _____																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan (2010-2014) <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</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">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:																											
<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: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination to qualified citizens in a spirit of harmony that will compliment the communities that we serve. To continuously strive to protect the interest and investment of the United States by being good stewards of the public trust and always operating in a manner conducive to sound business practice.																										
<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.  <b>See Attachment 1.1</b>																										
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Eligibility, Selection and Admissions Policies 2. Financial Resources 3. Operation and Management 4. Violence Against Women Act (VAWA). <b>See attachment 1.2</b>  (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. 1. Main administrative office of the PHA 2. PHA website 3. HUD Website																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.  <b>See Attachment 2.1</b>																										

8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p style="text-align: center;"><b>See Attachment 2.2</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p style="text-align: center;"><b>See Attachment 3</b></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p style="text-align: center;"><b>See Attachment 3</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p style="text-align: center;"><b>See Attachment 4</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements <b>See Attachment 5</b></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>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) 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.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

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

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

## **ATTACHMENT 1.1**

### **Goals and Objectives**

**(5.2)**

The goals and objectives listed below identify the Authority's quantifiable goals and objectives that will enable the Authority to serve the needs of low-income and very low-income, and extremely low-income families within the jurisdiction for the five year period 2010 – 2014.

1. Expand the supply of assisted housing by:
  - A. Applying for additional Housing Choice Vouchers (HCV). The housing authority will apply for additional vouchers as funds become available.
  - B. Reducing public housing vacancies by maintaining vacancies under 5%.
2. Improve the quality of assisted housing by:
  - A. Improving public housing management
    1. Score 90 % or better on PHAS
    2. Score 90% or better on SEMAP
    3. Renovate or modernize public housing units each through the Capital Fund Program.
3. Increase assisted housing choices by:
  - A. Conducting outreach efforts to potential voucher landlords
  - B. Implementing voucher homeownership program
4. Provide an improved living environment by:
  - A. Implement public housing security improvements. These measures are ongoing.
5. Promote self-sufficiency and asset development of assisted households by:
  - A. Increasing the number and percentage of employed persons in assisted families. This may be accomplished through the FSS program.
6. Ensure equal opportunity and affirmatively further fair housing by:
  - A. Undertaking affirmative measures to ensure access to assisted housing regardless of race, color religion, nation origin, sex, familial status, and disability by providing staff training and through effective HCV briefings.
  - B. Undertaking 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 by providing staff training and through HCV briefings.

## **ATTACHMENT 1.2**

### **PHA Plan Update**

**(6.0)**

#### **VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005 (VAWA)**

The Mississippi Regional Housing Authority IV has amended policies to further clarify and be compliant with the *Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA)* to better serve the needs of child and adult victims of domestic violence, dating violence, sexual assault, and/or stalking.

The amendments address termination due to domestic violence, dating violence, or stalking. The Mississippi Regional Housing Authority IV makes referrals to Safe Haven House of Hope and Safe Haven Abuse for Battered Women and Children and Victims of Sexual Assault of Columbus, Mississippi for any activities, services, or programs to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; or activities that may help child and adult victims of domestic violence, dating violence, sexual assault, or stalking to obtain or maintain housing; or any activities to enhance victim safety in assisted families.

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		FFY of Grant: 2012 FFY of Grant Approval: 2012	
PHA Name: Mississippi Regional Housing Authority IV		Grant Type and Number Capital Fund Program Grant No: MS26P01950112 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFFP Funds	Original	Obligated
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	101,400	
3	1408 Management Improvements	17,019	
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	50,650	
8	1440 Site Acquisition		
9	1450 Site Improvement	38,000	
10	1460 Dwelling Structures	201,000	
11	1465.1 Dwelling Equipment—Nonexpendable	14,000	
12	1470 Non-dwelling Structures	85,000	
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP 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  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2012	
PHA Name: Mississippi Regional Housing Authority IV	Grant Type and Number Capital Fund Program Grant No: MS26P01950112 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2012	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<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
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)	507,069	
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	30,000	
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	144,000	
Signature of Executive Director		Signature of Public Housing Director	
<i>[Signature]</i>		<i>[Signature]</i>	
Date		Date	
3/28/12			

<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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: MS26P01950111 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
PHA Name: Mississippi Regional Housing Authority IV		Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
			Revised <sup>2</sup>		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	113,330	113,330	113,330	0
3	1408 Management Improvements	21,375	21,375	0	0
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,520	50,520	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	90,445	93,467	0	0
10	1460 Dwelling Structures	241,647	235,000	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	8,335	18,000	0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	41,040	35,000	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

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

<b>Part I: Summary</b>		FFY of Grant: 2011 FFY of Grant Approval: 2011	
<b>PHA Name:</b> Mississippi Regional Housing Authority IV	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P01950111 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2011 <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )		<input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Total Actual Cost <sup>1</sup>	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Expended</b>
		<b>Original</b>	<b>Obligated</b>
		<b>Revised <sup>2</sup></b>	
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)	566,692	113,330
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	30,000	0
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	152,190	0
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
Date: 5/28/11		Date	

<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  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages		Federal FFY of Grant: 2011						
PHA Name: Mississippi Regional Housing Authority IV		Grant Type and Number Capital Fund Program Grant No: MS26P01950111 CFFP (Yes/No): No Replacement Housing Factor Grant No:						
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-wide	Operations	1406		113,330	113,330	113,330	0	
HA-wide	Computer system upgrade	1408		21,375	21,375	0	0	
Project	A&E Fees	1430		20,520	20,520	0	0	
MS019000001	Security (YV,AW,SM,RC)	1430	4 sites	30,000	30,000	0	0	
MS019000001&2	Repl. mail rept.(WW,MW,RH,CH,OH)	1450	5	57,850	66,967	0	0	
HA-Wide	Landscaping	1450		12,930	20,000	0	0	
MS019000001	Replace playground equipment (AW)	1450	1 site	4,275	6,500	0	0	Rescheduled
MS019000001	Replace water heaters (SM)	1450	30	15,390	0	0	0	
MS019000001	Replace communications cable	1460	125 bldgs.	69,907	70,000	0	0	
HA-wide	Stock floor tile	1460	140 boxes	19,230	5,000			
MS019000001	Replace interior light fixtures (MB)	1460	525	15,710	0			Rescheduled
MS019000002	Replace HVAC (MW)	1460	32	136,800	160,000	0	0	
HA-wide	Replacement ranges & refrigerators	1465.1	20	8,335	18,000	0	0	
HA-wide	Sewer machine	1475	1	17,100	12,000			
HA-wide	Welder	1475	1	4,275	0			Rescheduled
HA-wide	Replacement vehicle	1475	19,665	19,665	23,000	0	0	
	TOTALS			566,692	566,692	113,330	0	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







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		FFY of Grant: 2010 FFY of Grant Approval: 2010		
PHA Name: Mississippi Regional Housing Authority IV		Grant Type and Number Capital Fund Program Grant No: MS26P01950110 Replacement Housing Factor Grant No: Date of CFPP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <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>	
1	Total non-CFP Funds			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	132,596	132,596	132,596.00
3	1408 Management Improvements	26,958	14,549	1,837.31
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	51,660	72,533	57,532.94
8	1440 Site Acquisition			
9	1450 Site Improvement	131,270	179,478	179,477.75
10	1460 Dwelling Structures	263,000	207,188	121,188.00
11	1465.1 Dwelling Equipment—Nonexpendable	6,500	6,640	6,640.00
12	1470 Non-dwelling Structures	5,000	0	
13	1475 Non-dwelling Equipment	46,000	50,000	0
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities <sup>4</sup>			

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010 FFY of Grant Approval: 2010	
<b>PHA Name:</b> Mississippi Regional Housing Authority IV	<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P01950110 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11			
<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>Obligated</b>
		<b>Revised<sup>2</sup></b>	<b>Expended</b>
18a	1501 Collateralization of Debt Service paid by the PHIA		
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)	662,984	499,272.00
21	Amount of line 20 Related to LBP Activities		0
22	Amount of line 20 Related to Section 504 Activities	5,000	
23	Amount of line 20 Related to Security - Soft Costs	30,000	30,000.00
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	27,584	27,584
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date</b>		<b>Date</b>	
3-28-12			

<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  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Mississippi Regional Housing Authority IV		Grant Type and Number Capital Fund Program Grant No: MS26P01950110 CFPP (Yes/ No): No Replacement Housing Factor Grant No:						
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide	Operations	1406		132,596	132,596	132,596.00	132,596.00	Complete
HA-Wide	Computer system upgrade	1408	20	26,958	14,549	1,837.31	1,837.31	Ongoing
HA-Wide	Section 504 Needs Reassessment	1430		5,000	15,000	0	0	
MS019000001	Security (YV,AW,SM,RC)	1430	4 sites	30,000	30,000	30,000.00	15,000.00	Ongoing
Project	A&E Fees	1430		16,660	19,283	19,828.94	19,282.94	Ongoing
MS019000002	Sitework drainage (RHM)	1450		15,000	0			Rescheduled
HA-Wide	Sidewalk and curb grinding	1450		104,270	70,200	70,200.00	53,957.80	Ongoing
MS019000001	Replace footbridge (AW)	1450	1	12,000	15,000	15,000.00	11,850.00	Ongoing
MS019000001	Replace floor covering at baths (AW)	1460	30	3,000	9,200	9,200.00	0	Ongoing
MS019000001	Replace porch post (MB)	1460	35 units	35,000	28,000	28,000.00	0	Ongoing
HA-Wide	Interior painting	1460	60 units	60,000	50,000	0	0	
HA-Wide	Replace trash cans	1460	250	25,000	0			Rescheduled
HA-Wide	Stock floor tile	1460	500 boxes	50,000	0			Rescheduled
HA-Wide	Replace fire extinguishers	1460	450	9,000	12,000	0	0	
HA-Wide	Replace smoke detectors	1460	800	16,000	24,000	0	0	
MS019000002	Fire suppression system	1460	20	20,000	14,500	14,500.00	0	Ongoing
MS019000001	Replace water heaters (SM)	1460	30	45,000	15,000	15,000.00	12,566.00	Ongoing
MS019009999	Renovate pole barn - Maintenance	1470	1	5,000	0			Rescheduled
HA-wide	Replacement ranges & refrigerators	1465.1	10 each	6,500	6,640	6,640.00	6,640.00	Complete

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:		
<b>PHA Name:</b> Mississippi Regional Housing Authority IV		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P01950109 Replacement Housing Factor Grant No: Date of CFFP:		
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2011		<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>	
1	Total non-CFP Funds			Expended
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	132,850	132,850	132,850.00
3	1408 Management Improvements	18,856	18,856	18,856.00
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	87,064	87,064	87,063.86
8	1440 Site Acquisition			
9	1450 Site Improvement	173,791	173,791	173,791.00
10	1460 Dwelling Structures	158,461	158,461	158,460.84
11	1465.1 Dwelling Equipment—Nonexpendable	6,694	6,694	6,694.00
12	1470 Non-dwelling Structures	59,650	59,650	59,650.30
13	1475 Non-dwelling Equipment	26,922	26,922	26,922.00
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities <sup>4</sup>			

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Mississippi Regional Housing Authority IV	Grant Type and Number Capital Fund Program Grant No: MS26P01950109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2011		<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
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)	664,288	664,288.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs	30,000	30,000.00
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	75,938	75,938.00
Signature of Executive Director <i>Colleen</i>		Signature of Public Housing Director	
Date 3-28-12		Date	

<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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>		<b>Federal FFY of Grant: 2009</b>						
<b>PHA Name:</b> Mississippi Regional Housing Authority IV		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26P01950109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:						
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide	Operations	1406		132,850	132,850	132,850.00	132,850.00	Complete
HA-Wide	Computer hardware replacement	1408		18,856	18,856	18,856.00	18,856.00	Complete
MS019000001	Security (YV,SM,AW,RC)	1430	4 sites	30,000	30,000	30,000.00	30,000.00	Complete
Project	A&E Fees	1430		33,495	33,495	33,495.30	33,495.30	Complete
HA-Wide	Balance of asbestos testing	1430		15,319	15,319	15,318.56	15,318.56	Complete
HA-Wide	Environmental Study	1430	project	8,250	8,250	8,250.00	8,250.00	Complete
MS019000002	Sitework (MW)	1450		49,421	49,421	49,421.00	43,763.29	Construction
MS019000002	Sitework (CH)	1450		50,300	50,300	50,300.00	22,872.16	Construction
MS019000002	Sitework (OH)	1450		21,100	21,100	21,100.00	19,438.11	Construction
MS019000002	Sitework (RH)	1450		21,750	21,750	21,750.00	21,576.63	Complete
MS019000002	Replace playground equipment (CH)	1450	1	10,000	10,000	10,000.00	665.00	Construction
MS019000001	Fencing (SM)	1450	1	21,220	21,220	21,220.00	13,316.97	Construction
HA-Wide	Stock floor tile	1460	500 boxes	4,980	4,980	4,980.00	4,980.00	Complete
MS019000002	Ceilings (MW)	1460	32 units	18,872	18,872	18,872.00	2,264.14	Construction
MS019000002	Ceilings (W'W)	1460	32 units	20,369	20,369	20,368.99	5,118.93	Construction
MS019000001&2	Low-flush commodes (YV, W'W, MW, SM)	1460	229	56,994	56,994	56,994.00	35,756.53	Construction
MS019000002	Ceilings (OH)	1460	40 units	20,017	20,017	20,016.61	1,831.30	Construction
HA-Wide	Replace exterior trash cans	1460	320	16,249	16,249	16,249.00	16,249.00	Complete
HA-Wide	Low-flow shower heads	1460	400	18,944	18,944	18,944.00	13,474.19	Construction

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.







ATTACHMENT 2.2

<b>Part I: Summary</b>						
PHA Name/Number Miss. Reg. Housing Authority IV MS26P019		Locality (City/County & State) Columbus, MS			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	264,000	274,000	274,000	327,000
C.	Management Improvements		78,669	78,669	78,669	78,669
D.	PHA-Wide Non-dwelling Structures and Equipment		33,000	23,000		
E.	Administration					
F.	Other		30,000	30,000	30,000	30,000
G.	Operations		101,400	101,400	101,400	101,400
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		507,069	507,069	507,069	507,069
L.	Total Non-CFP Funds					
M.	Grand Total	507,069	507,069	507,069	507,069	507,069

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

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

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number Miss. Regional Housing Authority IV MS019		Locality (City/county & State) Columbus, MS			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
		Annual Statement				
	MS019000001		92,000	30,000	123,000	39,000
	MS019000002		5,000	194,000	91,500	198,000
	HA-wide		410,069	283,069	292,569	270,069
	TOTALS	507,069	507,069	507,069	507,069	507,069











## Attachment 3

The Authority has also analyzed the housing needs of the families on the Public Housing and Section 8 Housing Choice Voucher (HCV) waiting lists. Included in the analysis are housing needs of extremely, very low, and low-income families, elderly and families with disabilities, and households of various races and ethnic groups on the waiting lists. Data listed in the tables below represents characteristics of eligible households only.

The housing needs of each of these groups have been identified separately. The identification of housing needs took into account issues of affordability, supply, quality, accessibility, size of units, and location. The Authority's waiting lists are computerized. Waiting lists analysis is indicated on the following tables:

Housing Needs of Families on the PHA's Waiting Lists			
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	80		91
Extremely low income <=30% AMI	60	75%	
Very low income (>30% but <=50% AMI)	17	21%	
Low income (>50% but <80% AMI)	3	4%	
Families with children	66	83%	
Elderly families	0	0%	
Families with Disabilities	14	17%	
Race/ethnicity #1	3	4%	
Race/ethnicity #2	77	96%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	29	36%	
2 BR	31	39%	
3 BR	17	21%	
4 BR	3	4%	
5 BR			
5+ BR			
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)?			
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			

## Attachment 3

<b>Housing Needs of Families on the PHA's Waiting Lists</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input 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	3,801		78
Extremely low income <=30% AMI	2,503	66%	
Very low income (>30% but <=50% AMI)	982	26%	
Low income (>50% but <80% AMI)	316	8%	
Families with children	3,610	95%	
Elderly families	121	3%	
Families with Disabilities	70	2%	
Race/ethnicity #1	871	23%	
Race/ethnicity #2	2,920	77%	
Race/ethnicity	2	0%	
Race/ethnicity	0	0%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
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)?			
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			

\*based on number of move-ins from 1/1/2011 to 12/31/2011

## Attachment 3

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### Strategies for Addressing Affordable Housing Needs

Through analysis of the Authority's jurisdiction and waiting lists, extremely low-income families, families with children, very low-income families, working poor families, persons with disabilities, and Black (non-Hispanic) families continue to be the least well served in the Authority's jurisdiction. As required, the information provided includes:

- Households with incomes below 30% of the area median (extremely low-income).
- Elderly households and households with disabilities.
- Identification of household race.

The Authority intends, to the maximum extent practicable, to address the communities' housing needs described above. We have focused on the identified groups this past year. The Authority's efforts over the next year will continue to center on addressing affordability, supply of housing resources, quality of available housing, and accessibility within the scope of federal regulation and policy.

The following is a brief description of the Authority's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year:

#### Need: Shortage of affordable housing for all eligible populations.

**Strategy 1:** Maximize the number of affordable units available to the PHA within its current resources by:

- A. Employing effective maintenance and management policies to minimize the number of public housing units off-line
- B. Reducing turnover time for vacated public housing units
- C. Reducing time to renovate public housing units
- D. Maintaining or increasing Section 8 Housing Choice Voucher Program (HCV) lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

**Strategy 2: Increase the number of affordable housing units by:**

- A. Apply for additional HCV units should they become available
- B. Pursue housing resources other than public housing or HCV tenant-based assistance

#### Need: Specific Family Types: The Elderly.

**Strategy 1: Target available assistance to the elderly:**

- A. Apply for special-purpose vouchers targeted to the elderly, should they become available.

#### Need: Specific Family Types: Families with Disabilities

**Strategy 1: Target available assistance to Families with Disabilities:**

- A. Apply for special-purpose vouchers targeted to families with disabilities, should they become available.

#### Other Housing Needs & Strategies: Reasons for Selecting Strategies

- A. Funding constraints
- B. Staffing constraints

## **ATTACHMENT 4**

### **Additional Information**

**(10.0)**

#### **A. Progress in Meeting Mission & Goals**

During fiscal year 2011 the Authority maintained a vacancy rate for the Public Housing Program of 3% and thus far during fiscal 2012 the Authority has averaged a less than 1% vacancy rate. During calendar year 2011 for the Housing Choice Voucher Program (HCV) the average vacancy rate was 1%, of the ACC units that funding would support. Thus far during calendar year 2012, the HCV Program has an average vacancy rate of 1% of the number of units ACC funding will support. This exceeds the established goal for both the Public Housing and HCV Programs. We are currently awaiting our PHAS scoring for fiscal year 2011. The Authority scored 99% on SEMAP for fiscal year ending June 30, 2011 which well exceed the established goal of 90%. The Authority continued to renovate and modernize public housing units through the ongoing Capital Fund Program. During the year outreach efforts were done on a continuous basis to potential voucher landlords through one-on-one program briefing efforts by the Director of Section 8 Programs and other staff. Two HCV Homeownership closings were achieved during fiscal year ending June 30, 2011 making a total of four HCV Homeownership closings. Public housing security continued through above-baseline security contracts with local law enforcement funded through the Capital Fund Program. Fair housing and equal opportunity measures to ensure access to assisted housing and providing suitable living environment for families were included in going staff training. Participants were thoroughly briefed on these measures during ongoing housing choice program briefings.

#### **B. Significant amendment and Substantial Deviation**

The Mississippi Regional Housing Authority IV defines “Substantial Deviation” and “Significant Amendment or Modification” as actions that cause:

- 1) Major changes to rent or admission policies or organization of waiting lists.
- 2) Additions of non-emergency large capital work items (not included in the current Annual Statement or Five Year Action Plan) or changes in use of replacement reserve funds under the Capital Funds.
- 3) Any change with regard to demolition or disposition, designation, homeownership programs, or conversion activities.

A change of estimated cost, estimated funding amounts to actual funding amounts awarded by HUD, or a change of work items between projects or planned years is not considered a “substantial deviation” or significant amendment or modification”. An exception to this definition will be made for any of the above that is adopted to reflect changes in HUD regulatory or statutory requirements.

Under such actions the Authority will notify the Resident Advisory Council, the Board of Commissioners, and the Department of Housing and Urban Development of any “substantial deviation” or “significant amendment or modification” to the current Annual Statement or Five Year Action Plan. As work progresses, the Authority recognizes that conditions may change from time to time from the original anticipated project, that there may be changes to certain rent and admission policies and that there may be need to change programs and activities. Changes of estimated cost, estimated funding amounts awarded by HUD, or a change of work items between projects or planned years is not considered a “substantial deviation” or “significant amendment or modification”. An exception to this definition will be made for any of the above that is adopted to reflect changes in HUD regulatory or statutory requirements.

**ATTACHMENT 5**

**RESIDENT ADVISORY BOARD (RAB) COMMENTS AND  
CHALLENGED ELEMENTS  
[11.0(f) & 11.0(g)]**

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- 11.0(f) In accordance with 24 CFR903.13, the Resident Advisory Board of the Mississippi Regional Housing Authority IV met on March 14, 2012 to make final recommendations and comments regarding the development of the 2012 PHA Plan. After a detailed review and discussion no further recommendations or comments were offered by the RAB.
- 11.0(g) There were no Challenged Elements.

**PHA Certifications of Compliance  
with PHA Plans and Related  
R e g u l a t i o n s**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 08/30/2011

**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, 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.

Mississippi Regional Housing Authority IV  
 PHA Name

MS019  
 PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

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 Johnny Johnson	Title Chairman Board of Commissioners
Signature 	Date 3/15/2012

**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, Gloria E. Adams the Bureau Mgr. certify that the Five Year and  
Annual PHA Plan of the Mississippi Regional Housing Authority IV is consistent with the Consolidated Plan of  
State of Mississippi \_\_\_\_\_ prepared pursuant to 24 CFR Part 91.

Gloria E. Adams, Ph.D.  
Signed / Dated by Appropriate State or Local Official 3-20-12

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Mississippi Regional Housing Authority IV

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.)

See Attached

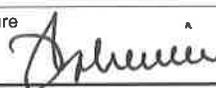
Check here  if there are workplaces on file that are not identified on the attached sheets.

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  
THOMAS R. ROBINSON

Title  
Executive Director

Signature  
X 

Date  
3-28-12

**Certification for  
a Drug-Free Workplace  
attachment to form HUD-50070**

**U.S. Department of Housing  
and Urban Development**

(Sites for performance of work done in connection with HUD funding)

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Applicant Name

Mississippi Regional Housing Authority IV

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Program/Activity Receiving Federal Grant Funding

2012 Public Housing Agency Plan

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Following are the sites for performance of work done in connection with the HUD funding of the program/activity shown on the attached for HUD-50070.

1. Mississippi Regional Housing Authority IV Central Office  
2845 South Frontage Road  
Columbus, Lowndes, Mississippi 39701
  
2. Resident Services Complex  
677 Yorkville Road, East  
Columbus, Lowndes, Mississippi 39704
  
3. Branch Office  
33 Westwood Park  
Eupora, Webster, Mississippi 39744
  
4. Branch Office  
7 Keller Circle  
Ackerman, Choctaw, Mississippi 39735
  
5. Branch Office  
1429 Louisville Street  
Starkville, Oktibbeha, Mississippi 39759

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Mississippi Regional Housing Authority IV

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 sub recipients 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

THOMAS R. ROBINSON

Title

Executive Director

Signature



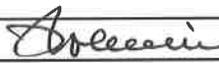
Date (mm/dd/yyyy)

3/28/12

## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(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 type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ 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:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  HUD	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> We do no Lobbying Activities	
<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>THOMAS R. ROBINSON</u> Title: <u>Executive Director</u> Telephone No.: <u>662-327-4121</u> Date: <u>3/28/02</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)