

8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. With the down turn of the economy the Authority has seen an increase in applications of families with children. Our waiting list consists of 97% black and 3% white. 86% are families with children and 14% are elderly & disabled. 17% are very low income and 83% are low income.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <ol style="list-style-type: none"> 1. Employ effective maintenance & maintenance polices to minimize the number of public housing units off-line. 2. Maintain an effective preventive maintenance & inspection program. 3. Reduce turnover time for vacant housing by reducing down days & maintenance days. 4. Occupancy personnel will reduce the number of lease up days by immediately by contacting another family on the waiting list to rent the unit as soon as a notice is given. 5. Reduce time to renovate housing units by meeting with architects, mod coordinators to make sure the work is done in a timely manner.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Vacancy rate is less than 1%, REAC scores have improved and drug trafficking & crime has been reduced.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amcnment" and "substantial deviation/modification" There is no significant & substantial deviations or modifications.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2001

Part I: Summary

PHA Name/Number	Starkville Housing Authority	Starkville, Oktibbeha County, Mississippi	<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
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	Added: \$1,000,000				
C. Management Improvements	7,000	4,800	4,800	4,800	
PHA-Wide Non-dwelling Structures and Equipment	0	15,000	15,000	15,000	
Administration	0	0	0	0	
F. Other	308,017	295,217	295,217	295,217	
G. Operations	39,000	39,000	39,000	39,000	
H. Demolition	0	0	0	0	
I. Development	0	0	0	0	
J. Capital Fund Financing – Debt Service	0	0	0	0	
K. Total CFP Funds	354,017	354,017	354,017	354,017	
L. Total Non-CFP Funds	0	0	0	0	
M. Grand Total	354,017	354,017	354,017	354,017	354,017

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: The Housing Authority of the City of Starkville, Mississippi	Grant Type and Number Capital Fund Program Grant No: MS26F047501-12 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2012 FFY of Grant Approval: 2012	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFF Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		39,000			
3	1408 Management Improvements		14,000			
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		72,000			
8	1440 Site Acquisition					
9	1450 Site Improvement		10,000			
10	1460 Dwelling Structures		219,017			
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 CFF 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 I: Summary

PHA Name: The Housing Authority of the City of Starkville, Mississippi	Grant Type and Number Capital Fund Program Grant No. MS26P047501-12 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval: 2012
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Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no:)
 Summary by Development Account Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
		Original				
18a	1501 Collateralization or Debt Service paid by the PHA					
18bc	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	354,017				
20	Amount of Annual Grant: (sum of lines 2 - 19)					
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 <i>[Signature]</i>		Date <i>4-1-2012</i>	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 I: Summary		FFY of Grant: 2011	
PHA Name: The Housing Authority of the City of Starkville, Mississippi	Grant Type and Number Capital Fund Program Grant No: MS26P047501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/17/2012	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Original	Revised Annual Statement (revision no:2)		Obligated	Total Actual Cost ¹
				Total Estimated Cost	Revised ²		
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) ³		39,000	39,000	39,000	0	
3	1408 Management Improvements		4,800	4,800	4,800	0	
4	1410 Administration (may not exceed 10% of line 21)		0	0	0	0	
5	1411 Audit		0	0	0	0	
6	1415 Liquidated Damages		0	0	0	0	
7	1430 Fees and Costs		70,000	72,000	72,000	0	
8	1440 Site Acquisition		0	0	0	0	
9	1450 Site Improvement		6,000	6,000	6,000	0	
10	1460 Dwelling Structures		279,494	220,217	220,217	0	
11	1465.1 Dwelling Equipment—Nonexpendable		12,000	12,000	12,000	0	
12	1470 Non-dwelling Structures		0	0	0	0	
13	1475 Non-dwelling Equipment		0	0	0	0	
14	1485 Demolition		0	0	0	0	
15	1492 Moving to Work Demonstration		0	0	0	0	
16	1495.1 Relocation Costs		0	0	0	0	
17	1499 Development Activities ⁴		0	0	0	0	

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 CFFP Grants for operations.
⁴ RHH 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 Housing and Indian Development
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: The Housing Authority of the City of Starkville, Mississippi	Grant Type and Number: Capital Fund Program Grant No: MS26P047501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: 4/17/2012
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 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	0	0	0	0
18be	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	411,294	354,017	354,017	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 <i>[Signature]</i>		Date	Signature of Public Housing Director		Date
		4.1.2012			

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 A: Summary PIA Name: The Housing Authority of the City of Starkville, Mississippi Date of CFP:		Grant Type and Number Capital Fund Program Grant No: MS26P047501-10 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/17/2012 Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:3) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		Expended	
	Total non-CFP Funds						
1	1406 Operations (may not exceed 20% of line 21) ³		39,000	39,000	39,000	0	0
3	1408 Management Improvements		4,800	4,800	4,800	0	0
4	1410 Administration (may not exceed 10% of line 21)		0	0	0	0	0
5	1411 Audit		0	0	0	0	0
6	1415 Liquidated Damages		0	0	0	0	0
7	1430 Fees and Costs		69,000	75,200	75,200	10,832	10,832
8	1440 Site Acquisition		0	0	0	0	0
9	1450 Site Improvement		6,000	0	0	0	0
10	1460 Dwelling Structures		256,494	276,294	276,294	0	0
11	1465.1 Dwelling Equipment—Nonexpendable		30,000	10,000	10,000	0	0
12	1470 Non-dwelling Structures		0	0	0	0	0
13	1475 Non-dwelling Equipment		6,000	6,000	6,000	0	0
14	1485 Demolition		0	0	0	0	0
15	1492 Moving to Work Demonstration		0	0	0	0	0
16	1495.1 Relocation Costs		0	0	0	0	0
17	1499 Development Activities ⁴		0	0	0	0	0

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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 1: Summary

Title Name: The Housing Authority of the City of Starkeville, Mississippi	Grant Type and Number Capital Fund Program Grant No: MS26P047501-10 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2010 FFY of Grant Approval: 2010
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Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 3) Final Performance and Evaluation Report

Performance and Evaluation Report for Period Ending: 04/17/2012

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
8a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
8b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
10	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	411,294	411,294	411,294	10,832
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 <i>[Signature]</i>		Date	Signature of Public Housing Director		Date
		4-1-2012			

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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 III Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant:	Reasons for Revised Target Dates ¹
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date		
	Original Obligation End Date		Original Expenditure End Date	Actual Expenditure End Date		

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: The Housing Authority of the City of Starkville, Mississippi		Grant Type and Number Capital Fund Program Grant No: MS26P047501-09 Replacement Housing Factor Grant No: Date of CFP:		FY of Grant: 2009 FY of Grant Approval: 2009	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 04/17/2012	Summary by Development Account	Original	Revised Annual Statement (revision no.3) <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost ¹
				Total Estimated Cost	Revised ²		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) ³	39,000	39,000	39,000	39,000	
3		1408 Management Improvements	4,800	5,000	5,000	5,000	
4		1410 Administration (may not exceed 10% of line 21)	33,000	0	0	0	
5		1411 Audit	0	0	0	0	
6		1415 Liquidated Damages	0	0	0	0	
7		1430 Fees and Costs	32,000	75,200	75,200	75,200	
8		1440 Site Acquisition	0	0	0	0	
9		1450 Site Improvement	0	0	0	0	
10		1460 Dwelling Structures	285,926	285,884	285,884	285,884	
11		1465.1 Dwelling Equipment—Nonexpendable	12,000	11,826	11,826	11,826	
12		1470 Non-dwelling Structures	0	0	0	0	
13		1475 Non-dwelling Equipment	0	0	0	0	
14		1485 Demolition	0	0	0	0	
15		1492 Moving to Work Demonstration	0	0	0	0	
16		1495.1 Relocation Costs	0	0	0	0	
17		1499 Development Activities ⁴	0	0	0	0	

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 I: Summary

PHA Name: The Housing Authority of the City of Starkville, Mississippi	Grant Type and Number Capital Fund Program Grant No: MS26P047501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 3)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18bn	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	406,726	416,910	416,910	416,910
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 <i>Arnell</i>		Date <i>4-1-2012</i>	Signature of Public Housing Director		Date

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

The Resident Council met on April 12, 2012 with the following present/absent:

Larry Gray, President

Evette Williams, Vice President

Latisha Bush

Charlotte Patterson, Secretary/Treasurer

Dorothy Tate

Alvin Turner

Josephine Ward

Mrs. Helen Taylor, Advisor

Mrs. Rebecca Carlisle, Executive Director – Starkville Housing Authority

They stated they wanted the Housing Authority to finish the central heat/air work. They also mentioned that they would like to have parking spaces in Projects 4 & 5.

Violence Against Women Goals & Objectives

The Starkville Housing Authority is dedicated to housing women and children who are victims of violence and abuse. We have made it a priority to put these women at the top of our waiting list. The Authority works with the Safe Haven a shelter for abused women.

Challenged Elements

There were no challenged elements by the RAB.

**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 x Annual PHA Plan for the PHA fiscal year beginning 7/1/12, 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.

Starkville Housing Authority
PHA Name

MS047
PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

 X Annual PHA Plan for Fiscal Years 20 12 - 20 13

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 Charles E. Weatherly	Title Board Chairman
Signature <i>Charles E. Weatherly</i> By <i>Felicia Curiale</i>	Date <i>4.15.2012</i>

Verification for
a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

The Housing Authority of the City of Starkville, Mississippi

Program/Activity Receiving Federal Grant Funding

PHA Plans

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.)

MS047001 Pecan Acres, Starkville Oktibbeha County, MS; MS047002 Zuber Street, Starkville Oktibbeha County, MS; MS047003 Pecan Acres Circle, Starkville Oktibbeha County, MS; MS047004 Alfred Perkins Street, Starkville Oktibbeha County MS; MS047005 Reed Road, Starkville Oktibbeha County, MS; MS047005 Elderly, Starkville Oktibbeha County, MS.

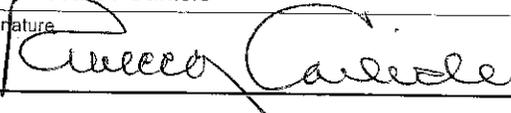
Check here if there are workplaces on file that are not identified on the attached sheets.

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
Rebecca D. Carlisle

Title
Executive Director

Signature
X 

Date
4-1-2012

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: The Housing Authority of the City of Starkville, Mississippi 101 West Wood Street Starkville, MS 39759 Congressional District, if known: 4c 53	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U. S. Department of Housing & Urban Development Jackson, MS 39269	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): None	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): None	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Rebecca Carlisle</u> Print Name: <u>Rebecca D. Carlisle</u> Title: <u>Executive Director</u> Telephone No.: <u>(662) 323-5536</u> Date: <u>4/1/2012</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

The Housing Authority of the City of Starkville, Mississippi

Program/Activity Receiving Federal Grant Funding

PHA Plan

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

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

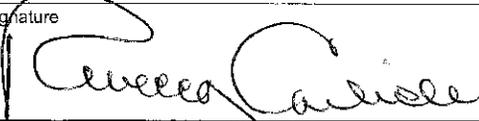
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this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

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

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

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

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

Name of Authorized Official Rebecca D. Carlisle	Title Executive Director
Signature 	Date (mm/dd/yyyy) 4/1/2012

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Starkville Housing Authority
PHA Name

MS047
PHA Number/HA Code

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

Name of Authorized Official		Title	
Rebecca D. Carlisle		Executive Director	
Signature 		Date 4/1/2012	