

PHA Plans

Streamlined 5-Year/Annual Version

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

OMB No. 2577-
0226
(exp 05/31/2006)

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 that introduced 5-year and annual PHA Plans. The full PHA plan provides 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 allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 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, Federal Housing Administration, 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. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2010 - 2014

Streamlined Annual Plan for Fiscal Year 2012

MS REGIONAL HOUSING AUTHORITY NO. VII

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Annual PHA Plan
PHA Fiscal Year 2012
[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

Attachment "A" MS057A01

Civil Rights Certifications (included with PHA Certifications of Compliance) and Significant Amendment

Attachment "B" MS057B01

Violence Against Women Act

Attachment "C" MS057C01

Resident Advisory Board and Comments

Attachment "D" MS057D01

Capital Fund Program Original Annual Statement FY2012

Attachment "E" MS057E01

Capital Fund Program Original Annual Statement FY2011

Attachment "F" MS057F01

P&E Statements for Stimulus CFP FY 2010

Attachment "G" MS057G01

P&E Statements for CFP FY 2009

Attachment "H" MS057H01

P&E Statements for CFP FY 2008

Attachment "I" MS057I01

P&E Statements for CFP FY 2007

Attachment "J" MS057J01

CFP Five Year Action Plan

MS057V01

PHA 5 Year and Annual Plan

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>MS Regional Housing Authority No. VII</u> PHA Code: <u>MS26P057</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>1/2012</u>												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>120</u> Number of HCV units: <u>1565</u>												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	<p>Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:</p> <p>To provide, within the limits imposed by applicable laws, HUD rules, and regulations, adequate housing and related services for qualified citizens.</p> <p>The Housing Authority has developed this plan in conjunction with the resident advisory board, residents, local government officials, the general public and the board of commissioners. The plan has been publicly advertised and made available for public review. A public hearing was conducted at which time the board received public comments, reviewed the plan, and approved the plan for submission to the department of housing and urban development.</p> <p>The Housing Authority expanded on those goals and objectives and quantified them in the strategies section. The plan provides statements on low and very low income housing needs including elderly and disabled, financial resources available and planned uses, policies that govern eligibility, selection, and admissions including preferences and deconcentration, maintaining waiting lists, rent determination, capital needs, demolition and disposition plans, safety and crime prevention measures. There also are statements concerning civil rights, American Disabilities Act, Section 504, fair housing, and the most recent fiscal audit. All resident comments during the development of the plan are recorded and on file at the authority available for review.</p> <p>All areas covered by the authority are subject to consistency with the state of Mississippi consolidated plan. There are no entitlement cities within our region.</p>												

5.2

Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
 - Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities: Work with city and county government to produce affordable housing
 - Acquire or build units or developments
 - Other (list below)

- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Improve public housing management: (PHAS score) and (MASS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction: Conduct customer satisfaction survey
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units: Continue plans to raise standards of public housing units to market level units in each development
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling: as part of briefing
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards, when necessary
 - Implement voucher homeownership program: if feasible
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists: (Community based)
 - Convert public housing to vouchers:
 - Other: (list below)

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

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

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

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

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

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

Other PHA Goals and Objectives: (list below)

PHA Goal: Provide necessary professional development for PHA staff.

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>The PHA held its Public Hearing and Resident Advisory Board meeting on Friday, October 7, 2011 at 10:30 A. M. There were no comments or challenged elements regarding the annual and five year plan.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. MS Regional Housing Authority No. VII 130 Commerce Street McComb, MS 39648</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
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.</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>

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

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The PHA continues to improve its public housing management and improve advisory score to a higher performer level.

The PHA goal to renovate or modernize our public housing units with Capital Fund program funds is being achieved and is on schedule. Currently, we have air condition all of our units and plan to make some of the developments total electric. We continue to improve the units as needed to make them more marketable.

The PHA continues to partnership with community agencies to provide residents drug prevention, educational and recreational programs.

The PHA continues its goal to ensure equal access to assisted housing.

The PHA continues to inspect all housing units on a regular basis.

The PHA continues to counsel with residents on homeownership and pledged our support if they choose to pursue homeownership. Additionally, we will be providing homeownership opportunities through our Section 8 program.

The PHA continues to ensure Equal Opportunity in housing for all applicants regardless of their needs.

The PHA continues to improve the physical condition of its units and grounds.

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

Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in requirement for administration of Public Housing requiring public comment and/or public hearing.

B. Significant Amendment or Modification to the Annual Plan

A Significant Amendment or Modification to the Annual Plan shall be construed to mean the following:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capitol Fund;
- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

10.0

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Summary of Policy or Program Changes for the Upcoming Year

The Housing Authority will build a new office building in 2012. We are in the process of soliciting an architect for design & engineering and site selection.

The Housing Authority will adopt policies and procedures to update its Rent Schedule and Admission Continued Occupancy Policy Of changes listed below:

Schedule of Flat Rents

Current Flat rent amounts are:

1 Br \$290.00

2 Br \$375.00

3 Br \$440.00

4 Br \$490.00

5 Br \$550.00

Proposed flat rents for 2012

1 Br \$324.00

2 Br \$353.00

3 Br \$410.00

4 Br \$438.00

5 Br \$467.00

(Effective 1/1/2012) Mississippi Regional Housing Authority VII Will be Adopting the Nan McKay Admission Continued Occupancy Policy along with the additional of changes listed below.

1. 24 CFR Parts 5, 200, 203, 236, 570, 574, and 982 Equal Access to Housing in HUD Programs—Regardless of Sexual Orientation or Gender Identity

2. 24 CFR 5.403 Applicant means a person or a family that has applied for housing assistance.

Disabled family means a family whose head, spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

Displaced family means a family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

Elderly family means a family whose head, spouse, or sole member is a person who is at least 62 years of age. It may include two or more persons who are at least 62 years of age living together, or one or more persons who are at least 62 years of age living with one or more live-in aides.

Family includes but is not limited to:

(1) A family with or without children (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size);

(2) An elderly family;

(3) A near-elderly family;

(4) A disabled family;

(5) A displaced family;

(6) The remaining member of a tenant family; and

(7) A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

Live-in aide means a person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who:

(1) Is determined to be essential to the care and well-being of the persons;

(2) Is not obligated for the support of the persons; and

(3) Would not be living in the unit except

to provide the necessary supportive services

3. Prior to admission applicants who are sent Interest Packets for an apartment will be required to send in an initial \$100 towards their Security Deposit payment. If chosen for apartment new resident will then be required to make three (3) monthly installments of \$50.00, with the first installment being due along with their rent payment proceeding the month after they move in. Security deposits are \$250.00.

4. Residents who have only \$150.00 in their security deposit account will be required to meet the \$250.00 Security Deposit required by Mississippi Regional Housing Authority VII. Residents with only \$150.00 Security deposits will be notified in writing of how much their Security Deposit amount is and the amount required. Beginning 1/1/2012 each of the residents with only \$150.00 will be required to pay two (2) monthly installments of \$50.00. The payments will be due with your January and February 2012 rent payments.

5. Community service exemption amendment: When working Community Service requires that a resident must be working a minimum 30 hours per week in order to be exempt from community service. The amount of \$103.00 will be excluded immediately from the previous Community Service amendment. New agreements will have to be signed during annual recertification.

6. Credit checks will be done at each annual recertification. New residents that move in during or/and after annual recertification's which all are effective in April of each year, will be conducted upon and/or after move-in.

7. When residents call into the office to ask or request information to after pertaining their case, they will be required to give their name and other identifiable information.

8. Orientation of applicants will be done once monthly in each development town at a scheduled location in a group setting. Letters will be mailed to the applicant(s) on the waiting list; with the scheduled time date and location of which they are to meet with the Public Housing Manager or staff member.

9. Utility allowance checks will no longer be made out to the tenant. The check(s) will be made out to Entergy (electric company) Residents are required to supply a copy of their electric bill after move in and during annual recertification's and interim exam's or/and when requested by Housing Authority Staff.

10. Tenant will be charged a \$40.00 fee for the removal/tampering of any smoke detector.

Fayette, Roxie, Monticello, Osyka, and Gloster water meters will be read individually and any over usage amounts will be charged to the tenants. Each tenant will be given a usage allowance, which will show the normal usage amount for their bedroom size anything over that amount the tenant will have to pay.

ATTACHMENT “A”

Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. It is the policy of the Housing Authority to comply with all Federal, State, and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The Housing Authority will comply with all laws relating to Civil Rights, including: Title VI and VIII of the Civil Rights Act, Executive Order 11063, Section 504, Age Discrimination Act and American With Disabilities Act.

To further our commitment to fully comply with applicable Civil Rights laws, the Housing Authority will provide Federal/State/Local information to public housing residents regarding “discrimination” and any recourse available to them during resident orientation session, resident meetings and reexaminations.

Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

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- Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

These issues, if required, shall be raised with proper public notification. The Housing Authority acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant amendments by HUD.

ATTACHMENT “B”

MS REGION VII HOUSING AUTHORITY POLICY ON VIOLATION AGAINST WOMEN (VAWA) AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

The VAWA prohibits the MS Regional Housing Authority No. VII (MRHA) to evict or remove assistance from certain persons (including members of the victim’s immediate family) living in the MRHA developments if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as described in Section 3 of the U.S. Housing Act of 1937, and amended by the Violence Against Women Reauthorization Act (VAWA) of 2005.

The MRHA will accept certification from alleged victims in verifying this claim by a MRHA resident.

The VAWA provides “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the MRHA authority to terminate the tenancy of any tenant if the MRHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest, or other person under the tenant’s control and a tenant or immediate family member of the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the MRHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

One of the following:

A police or court record documenting the actual or threatened abuse

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the MRHA within 14 business days after the individual claiming victim status receives a request for such certification. The MRHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g., the abuser may monitor the mail. The MRHA may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. This 14-day deadline may be extended at the MRHA discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the MRHA may proceed with assistance termination.

The MRHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the MRHA deems the victim's life to be in imminent danger.

In extreme circumstances when the MRHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim's) tenancy is not terminated, the MRHA will bypass the standard process and proceed with the immediate termination of the family's assistance. The MRHA will request that a victim of the domestic violence described in this policy to provide evidence or certify to the MRHA that the incident or incidents of abuse are bona fide. All information provided to the MRHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law. The MRHA five-year and Annual Plan contains information regarding any goals, activities, objectives, policies, or programs of the MHA that are intended to support assist victims of domestic violence described above.

Required Attachment _C_: Membership of the Resident Advisory Board or Boards

Mississippi Regional Housing Authority VII - Public Housing and Section 8 RAB members

Public Housing Resident Advisory Board Members

Fayette

Robbie Bailey - President
Ethel Lott - Vice President

Roxie

Tonya Shell - President
Monica Porter - Vice President

Monticello

Alisa Daggins - President
Felicia Evans - Vice President

Osyka

Tonny Pounds - President
James Brown - Vice President

Gloster

Amanda Thompson – President
Alice Mars – Vice President

(1) Resident Advisory Board Recommendations

The PHA held its Public Hearing and Resident Advisory Board meeting on Friday, October 7, 2011 at 10:30 A. M.

There were no comments or challenged elements regarding the annual and five year plan.

a. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? If yes, provide the comments below:

b. In what manner did the PHA address those comments? (select all that apply)

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments
List changes below:

Other: (list below)

Section 8 Resident Advisory Board Members

Adams Co.

Shylynda Clark
2808 Miller Ave.
Natchez, MS 39120

Amite Co.

CoSheena Nunnery
5012 Lester Lane
Liberty, MS 39645

Jefferson Co.

NeKeitha Harris
P.O. BOX 2312
Fayette, MS 39069

Jeff Davis Co.

Pamela Price
P.O. Box 1855
Prentiss, MS 39474

Lawrence Co.
Jessica Granberry
8 Bridges Rd.
Silver Creek, MS 39663

Lincoln Co.
Sasha Lenoir
1224 Union St. Lot 7
Brookhaven, MS 39601

Pike Co.
Rosie May
600 8th St. Apt# 207
McComb, MS 39648

Veronica Bullock
1104 Pleasant Grove Rd.
McComb, MS 39648

Rosie May
600 8th St. Apt# 207
McComb, MS 39648

Princess May
600 8th St. Apt. 209
Mccomb, Ms 39648

Walthall Co.
Jamie Butler
523 Dana Drive Apt # 201
Tylertown, MS 39667

Wilkinson Co.
Clarissa Browder
P.O. Box 353
Centreville, MS 39631

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 8/31/2011

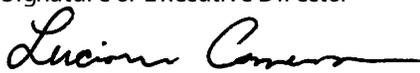
Part I: Summary					
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-12 Date of CFFP:			FFY of Grant: 2012 FFY of Grant Approval: 2012
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		10,000		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		24,500		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		123,037		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: Ms26P057501-12 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2012 FFY of Grant Approval: 2012	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	157,537				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 			Date 10/11/2011	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: MS Regional Housing Authority VII			Grant Type and Number Capital Fund Program Grant No: MS26P057501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406		10,000				
	Fees & Costs:	1430						
HA Wide	Architect			15,000				
	Consultants Services			9500				
	Dwelling Structures							
HA Wide	Replace Roofing,Decking,Flashing 30 units at 4000.00	1460	30	123,037				
	GRAND TOTAL			157,537				

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² 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 8/31/2011

Part I: Summary		
PHA Name: MS Regional Housing Authority VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:01)
 Performance and Evaluation Report for Period Ending: 6/30/2011 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	5,000		0	0
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	37,500		37,500	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	115,037		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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 08/31/2011

Part I: Summary					
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 01) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	157,537		37,500	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 			Date 10/11/2011	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.

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406						
	Management Improvement:	1408		5,000		0	0	
HA Wide	Staff Training							
HA Wide	Office Equipment & Software							
HA Wide	Gas Equipment for Maintenance							
	Fees & Costs:	1430						
HA Wide	Architect			8,000		8,000	0	
	Consultants Services			29,500		29,500	0	
	Site Improvements	1450						
	Dwelling Structures							
HA Wide	Dedicate Gas or Convert to All Electric \$8500/unit	1460	14	115,037		0	0	
	Dwelling Equipment	1465.1						
	Demolition	1485						
HA Wide	Relocation Costs	1495						
	GRAND TOTAL			157,537		37,500	0	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MS Regional Housing Authority VII					Federal FFY of Grant: 2011
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	12/31/2012		9/30/2014		
MS 057-002	12/31/2012		9/30/2014		
MS 057-003	12/31/2012		9/30/2014		
MS 057-005	12/31/2012		9/30/2014		

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary		
PHA Name: MS Regional Housing Authority VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:02)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	5,000		5,000	0
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000		60,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000			0
10	1460 Dwelling Structures	103,441			0
11	1465.1 Dwelling Equipment—Nonexpendable	6,000		6,000	0
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.

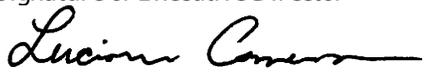
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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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 08/31/2011

Part I: Summary					
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	179,441		71,000	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
 10/11/2011					

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.
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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 8/31/2011

Part I: Summary		
PHA Name: MS Regional Housing Authority VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-09 Replacement Housing Factor Grant No: Date of CFFP: 6/30/2011	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:02)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	180,931.20		180,931.20	29,337.00
3	1408 Management Improvements	0		0	
4	1410 Administration (may not exceed 10% of line 21)	0		0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0		0	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	0		0	
11	1465.1 Dwelling Equipment—Nonexpendable	5,864.80		5,864.80	5,864.30
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	0		0	
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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 08/31/2011

Part I: Summary					
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 02) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	186,796		186,796	35,201.30
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 			Date 10/11/2011	Signature of Public Housing Director	
				Date	

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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 8/31/2011

Part I: Summary		
PHA Name: MS Regional Housing Authority VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:03)
 Performance and Evaluation Report for Period Ending: 6/30/2011 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	166,685.21		166,685.21	15,000.00
3	1408 Management Improvements	10,703.08		10,703.08	10,703.08
4	1410 Administration (may not exceed 10% of line 21)	0		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,519.02		16,519.02	16,519.02
8	1440 Site Acquisition				
9	1450 Site Improvement	3,551.69		3,551.69	3,551.69
10	1460 Dwelling Structures	0		0	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0		0	
13	1475 Non-dwelling Equipment	7,500		7,500	7,500.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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 08/31/2011

Part I: Summary					
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/E mergencies <input type="checkbox"/> Revised Annual Statement (revision no: 03) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	204,959		204,959	53,273.79
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 			Date 10/11/2011	Signature of Public Housing Director	
				Date	

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

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: MS Regional Housing Authority VII			Grant Type and Number Capital Fund Program Grant No: MS26P057501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	OPERATIONS	1406		166,685.21		166,685.21	15,000.00	
HA WIDE	MANAGEMENT IMPROVEMENTS	1408						
	--Staff & Commission Training			10,703.08		10,703.08	10,703.08	
	CPA Consultant							
MS 057-001	---Security Services - Fayette	1408		0		0		
HA WIDE	ADMINISTRATIVE	1410		0		0	0	
HA WIDE	FEES & COST	1430		16,519.02		16,519.02	16,519.02	
	--Architect & Consultant Services							
HA WIDE	--Land Surveyor Services to	1430		0		0		
	Re-establish Site Boundaries							
	SITE IMPROVEMENTS							
HA WIDE	--Signage	1450		0		0		
MS 057-005 & 008	--Gas & Sewer Line Repairs	1450	2 Units	3,551.69		3,551.69	3,551.69	
HA WIDE	DWELLING STRUCTURES							
	--Roof & Ceiling Repairs	1460		0		0		
HA WIDE	NON DWELLING STRUCTURES							
	--Maintenance Building Office	1460		0		0		
	Storage & Vehicle Locked Area							
	NON DWELLING EQUIPMENT							
HA WIDE	--Weed Trimmer, Truck, Mower	1475	1	7,500		7,500.00	7500.00	
	GRAND TOTAL			204,959		204,959	53,273.79	

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

² To be completed for the Performance and Evaluation Report.

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 8/31/2011

Part I: Summary		
PHA Name: MS Regional Housing Authority VII	Grant Type and Number Capital Fund Program Grant No: MS26P057501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:03)
 Performance and Evaluation Report for Period Ending: 6/30/2011 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	139,504.11		139,504.11	34,444
3	1408 Management Improvements	5,231.10		5,231.10	4,079.05
4	1410 Administration (may not exceed 10% of line 21)	18,487		18,487	18,487
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,187.10		7,187.10	7,187.10
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	5,000		5,000	5,000
11	1465.1 Dwelling Equipment—Nonexpendable	9,455.69		9,455.69	9,455.69
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.

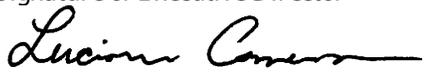
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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 Expires 08/31/2011

Part I: Summary						
PHA Name: MS Regional Housing Authority VII		Grant Type and Number Capital Fund Program Grant No: MS26P057501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 03) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	184,865		184,865	78,652.84	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date	Signature of Public Housing Director		Date
			10/11/2011			

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

Part II: Supporting Pages								
PHA Name: MS Regional Housing Authority VII			Grant Type and Number Capital Fund Program Grant No: MS26P057501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	OPERATIONS	1406		139,504.11		139,504.11	34,444.00	
HA WIDE	MANAGEMENT IMPROVEMENTS	1408						
	--Staff & Commission Training			5,231.10		5,231.10	4,079.05	
HA WIDE	ADMINISTRATIVE Part of Two	1410		18,487		18,487	18,487.00	
	--Employees Salary & Benefits							
HA WIDE	FEES & COST	1430		7,187.10		7,187.10	7,187.10	
	--Architect & Consultant Services							
MS057-002	DWELLING STRUCTURES	1460						
Roxie	--Comprehensive Unit Renovation:			0		0	0	
	Bath/Kitchen, Flooring, Electrical							
	Upgrade, Patch & Paint Interior ,							
	Interior Doors/Hardware,							
	Window Screens							
MS057-001 & 005	--Repair Burned Unit in Fayette & Sewer	1460	15 Units	5,000		5,000	5,000.00	
Fayette & Monticello	Line Repairs in Monticello, Site A							
HA WIDE	Stoves , Refrigerators, & Water Heaters	1465.1	24	9,455.69		9,455.69	9,455.69	
	GRAND TOTAL			184,865		184,865	78,652.84	

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

² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number MS Regional Housing Authority No. VII		Locality (City/County & State) McComb, Pike County, MS			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 20 12	Work Statement for Year 2 FFY 20 13	Work Statement for Year 3 FFY 20 14	Work Statement for Year 4 FFY 20 15	Work Statement for Year 5 FFY 20 16
B.	Physical Improvements Subtotal	Annual Statement	98,537	98,537	98,537	88,537
C.	Management Improvements		5,000	5,000	5,000	5,000
D.	PHA-Wide Non-dwelling Structures and Equipment		0	0	0	0
E.	Administration		19,000	19,000	19,000	19,000
F.	Other		30,000	30,000	30,000	40,000
G.	Operations		5,000	5,000	5,000	5,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		157,537	157,537	157,537	157,537
L.	Total Non-CFP Funds					
M.	Grand Total		157,537	157,537	157,537	157,537

