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 2012 - 2016
Streamlined Annual Plan for Fiscal Year 2012

ATTALA COUNTY HOUSING AUTHORITY

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" MS117A01
Civil Rights Certifications (included with PHA Certifications of Compliance) and Significant Amendment

Attachment "B" MS117B01
Violence Against Women Act

Attachment "C" MS117C01
Resident Advisory Board and Comments

Attachment "D" MS117D01
Capital Fund Program Original Annual Statement FY2012

Attachment "E" MS117E01
P&E Statements for CFP FY 2011

Attachment "F" MS117F01
P&E Statements for CFP FY 2010

Attachment "G" MS117G01
P&E Statements for CFP FY 2009

Attachment "H" MS117H01
CFP Five Year Action Plan

MS117V01
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

1.0 **PHA Information**
PHA Name: ___Attala County_Housing Authority_____ PHA Code: ___MS26P117_____
PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)
PHA Fiscal Year Beginning: (MM/YYYY): _04/2012_____

2.0 **Inventory** (based on ACC units at time of FY beginning in 1.0 above)
Number of PH units: __61_____ Number of HCV units: _____

3.0 **Submission Type**
☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 **PHA Consortia** ☐ 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	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 **5-Year Plan.** Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 **Mission.** State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

5.2 **Goals and Objectives.** 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:
- ☒ Acquire or build units or developments
- ☐ Other (list below)

☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score 93)
- ☐ Improve voucher management: (SEMAP score 30)
- ☒ Increase customer satisfaction:
- ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☐ 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:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☒ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ 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:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ 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:
- ☒ 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)

6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **NONE** **The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, December 8, 2011 at 11:00 A. M. There were no Challenged Elements regarding the annual and five year plan.** (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. Attala County Housing Authority 311 Gilliland Street Kosciusko, MS 39090
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	**Capital Fund Financing Program (CFFP).** ☐ Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	**Housing Needs**. 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.

9.1	**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.**

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.

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.

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.

The PHA established the goal to continue the policy to assure affirmative equal access for all applicants. The PHA is meeting this goal.

The PHA established the goal to make handicapped modifications to units exceeding 504 requirements based on individual need. The PHA is meeting this goal.

10.0

(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 ompliance 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 uirement 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.

11.0	**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. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. 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, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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

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

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

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:

The Housing Authority does recognize the need for public notification for items contained within the 5-Year and Annual Plans. This authority shall make proper notification 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 regulatory compliance with The U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant amendment or Modification shall mean those of the mission statement, goals and objective, capital fund program or changes in significant expenditures. And changes in statutory 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.

ATTACHMENT "B"

Violence Against Women Act (VAWA) policy

This policy will be known as the Violence Against Women Act (VAWA) policy. Hereafter called (LHA)Violence Against Women Act (VAWA) policy.

GOAL:
To protect denial of admission to and/or eviction of individuals of Domestic Violence in which they were victims.

OBJECTIVE:
To assure protected victims, each of which are defined separately, establishes together a broad group of protected individuals (all of which are herein referred to as victims of domestic violence) Dating Violence, Sexual Assault and Stalking, housing needs are addressed. Note that these definitions include, among others, children, as well as Victims of Dating Violence and Stalking.

POLICY:
LHA will not deny admission, continued occupancy, or terminate the tenancy of an applicant/tenant who are victims of domestic violence. Management may however "bifurcate" a lease/application or other wise remove a household member from a lease/application without regard to whether a household member is a signatory to the lease/application in order to evict/ remove any individual who engages in criminal acts of physical violence against family members or others. This action may be taken without evicting, removing or otherwise penalizing the victim of violence who is also a tenant or lawful occupant, applicant (providing the culpable person will no longer reside in the unit). The LHA may however deny admission and/or evict where the LHA can demonstrate "an actual and imminent threat to other tenants or those employed at or providing service to the property."

Management may request in writing that an individual complete, sign and submit, within 14 business days a HUD approved certification form that certifies that he/she is a victim of domestic violence, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse. On the certification form, the individual will provide the name of the perpetrator.

In lieu of a certification form and/or in addition to, a tenant/applicant may provide to the LHA (1) some local police records or court record; (2) documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, or the effects of abuse, in which the professional's attests under penalties of perjury to the belief that the incident(s) in question are bona fide.

If the certifications or information is not provided timely, none of the protections afforded to the victim of domestic violence will apply and management would be free to evict.

Information provided to the LHA relating to the fact of any household member being a victim of domestic violence, dating violence, or stalking will be retained by the Authority in confidence, and will not be shared or disclosed without your consent except in denial/eviction proceedings or as otherwise required by law.

NOTE: The LHA may at the Executive Director's (or his or her signee) discretion, provide assistance to an individual based solely upon the individual's statement or other corroborating evidence.

One or more incidents of actual or threatened domestic violence will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and will not be good cause for termination of tenancy or occupancy right of the victim of such violence.
Termination procedures will be effected in accordance with Federal, State, or Local Law. LHA will honor court orders addressing rights of access or control of the property including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up. Management may not subject an individual who is a victim of domestic violence to a more demanding standard than other tenants in determining whether to evict. Management will however make a determination as to any actual and/or imminent threat to other tenants or those employed at or providing services to the property if the tenant is not evicted. Violation of the lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household may however result in eviction.

DEFINITIONS:

Domestic Violence: Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim share a child in common, by a person who is cohabitated with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under domestic or family violence laws, or by any other person against an adult or youth who is protected from that person's acts under the domestic or family violence laws.

Dating violence: Violence committed by a person:

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim: and
(B) where the existence of such a relationship will be determined based on a consideration of the following factors: (I) the length of the relationship; (II) the type of relationship; and (III) the frequency of interaction between the persons involved in the relationship.

Stalking: To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (I) that person; (II) a member of the immediate family of that person; or(III) the spouse or intimate partner of that person.

Immediate Family Member: a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

Date:_____

This form must be completed and returned by _____. If for some reason you cannot have this form completed and returned by this date you must contact _____at_____.

TO BE COMPLETED BY RESIDENT:

Name of the victim of domestic violence, dating violence or stalking:_____

Name(s)of residents listed on lease (if not the victim):_____

Name of the perpetrator of the violence (if known):_____

If name of perpetrator is not known, explain why:_____

Relation to victim:_____

Certification of the violence. (Please check one):

☐ Attached a copy of a police report, temporary or permanent restraining order or, other, police report or court record relating to the violence; OR

☐ Had the section below completed by a professional who helped me address the violence.

I hereby certify under penalty of perjury that the foregoing is true and correct:

Signature_____Date_____

TO BE COMPLETED BY VICTIM SERVICE PROVIDER, ATTORNEY, MEDICAL PROFESSIONAL, ONLY IF VICTIM IS CERTIFYING THE VIOLENCE BY A STATEMENT.

This section may be completed by an employee, (LHA) or volunteer of a service provider, attorney, or medical professional from whom the victim has sought assistance in addressing the violence or its effects.

Name of individual completing this section _____

What category best describes you? ☐ Attorney ☐Medical provider ☐Victim service provider ☐ Employee (LHA)

Title_____Agency/ business name_____

Phone Contact Information

_____

Address_____

I hereby certify under penalty of perjury that the foregoing is true and correct and I believe that the incident(s) described above as a basis for eviction or housing termination are bona fide incidents of abuse.

_____

Signature_____Date_____

NOTIFICATION OF RIGHTS UNDER VIOLENCE AGAINST WOMEN ACT (VAWA)

DATE:_____

TO:_____

FROM: Attala County Housing Authority, 311 Galliland Street, Kosciusko, MS 39090

A new federal law reauthorizing the Violence Against Women Act (VAWA) provides certain rights to tenants and lawful occupants of public housing. This law requires that you be notified of these rights.

Protections Against Eviction

1. VAWA states that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking (as these terms are defined in VAWA) will not be considered to be a "serious or repeated" violation of your lease, if you are the victim of the incident or incidents. This means you may not be evicted based on such an incident(s) where you are the victim.

2 In addition, although the housing authority may evict you for certain types of criminal activity as provided in your lease, VAWA states that the housing agency may not evict you if the criminal activity is:

(a) directly related to domestic violence, dating violence, or stalking; and

(b) engaged in by a member of your household, or any guest, or another person under your control; and

© you or a member of your immediate family is the victim of this criminal activity.

Certification

If the housing agency notifies you that it intends to terminate your tenancy based on an incident or incidents of domestic violence, dating violence, or stalking, and you claim protection against eviction under VAWA, the housing may require you to deliver a certification. You must deliver the certification within 14 business days after you receive the housing agency's request for it. If you do not do this within the time allowed, you will not have any protection under VAWA and the agency may proceed with terminating your tenancy without reference to the VAWA protections.

You may certify either by:

(a) Completing and delivering a HUD-approved certification form which will be supplied to you by the housing authority; or

(b) Providing the housing agency with documentation signed by an employee, agent, or volunteer of a service provider, an attorney, or a medical professional from whom the (you or another member of your immediate family) has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse. (This certification must be sworn under penalty of perjury); or

© Producing a Federal, State, tribal, territorial, or local police record.

Confidentially

Information you provide to the housing authority relating to the fact that you or another member of your household is a victim of domestic violence, dating violence, or stalking will be retained by the housing authority in confidence. This information will not be shared or disclosed by the agency without your consent except as necessary in an eviction proceeding or as otherwise required by law.

Limitations

1. Prevents the housing agency from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provide protections as described above. However, the housing agency may not in such cases apply any stricter standard to you than to other tenants.

2. Prevents the housing agency from terminating tenancy and evicting where the housing authority can demonstrate "an actual and imminent threat to other tenants or those employed at or providing service to the property." Where such a threat can be demonstrated by the housing agency, you will not be protected from eviction by VAWA.

3. Limits the ability of the housing agency to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection or the victim or relating to the distribution or possession of property.

4. Supersedes any Federal, State or local law that provides greater protection than VAWA.

Housing Agency Right to Remove Perpetrator of Domestic Violence

VAWA also creates a new authority under Federal law that allows a housing agency to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to the other occupants.

Further Information

You may obtain a copy of the housing authority's written policy concerning domestic violence, dating violence, and stalking, from:_____.

The written policy contains, among other things, definitions of the terms "domestic violence, " dating violence," stalking," and "immediate family."

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

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Ms. Carolyn Kern 304 Hammond Circle, Kosciusko, MS 39090
Ms. Monica Erving 305 Hammond Circle, Kosciusko, MS 39090
Ms. Lucy Riley 310 Hammond Circle, Kosciusko, MS 39090
Ms. Mary Ann Winter 316 Hammond Circle, Kosciusko, MS 39090
Ms. Teresa Hannah 325 Hammond Circle, Kosciusko, MS 39090
Ms. Dorothy Fletcher 327 Hammond Circle, Kosciusko, MS 39090
Ms. Doretha Edwards 338 Hammond Circle, Kosciusko, MS 39090
Ms. Natasha Melton 363 Hammond Circle, Kosciusko, MS 39090

SELECTION OF RESIDENT ADVISORY BOARD MEMBERS:

The Resident Advisory Board are selected by the housing authority and resident body.

Challenged Elements

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **NONE**

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

Resident Advisory Board Recommendations

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. N/A

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

☒ Other: (list below)

The PHA held its Public Hearing and Resident Advisory Board meeting on Thursday, December 8, 2011 at 11:00 A. M.

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: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-12 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2012** **FFY of Grant Approval: 2012**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **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]	15,000			
3	1408 Management Improvements	9,000			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit	3,200			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,000			
11	1465.1 Dwelling Equipment—Nonexpendable	5,400			
12	1470 Non-dwelling Structures	18,421			
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.

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: Attala CountyHousing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-12 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2012** **FFY of Grant Approval: 2012**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **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
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)	84,021			
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**
Joyce Magaurity	12-7-2011		

[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: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-12 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]	
MS117-HA-WIDE	Operations	1406		15,000				
	Staff and Commissioners Training	1408		9,000				
	Audit	1411		3,200				
	Fees and Costs Consultants Services	1430		8,000				
	Repair & Paint Exterior Siding, Facia and Soffit	1460	61 Units	4,400				
	Replace Floor Tile	1460	8 Units	15,000				
	Force Account to Correct UPCS Deficiencies: Non-Routine Renovations-Electrical Fixtures, Painting, Bath/Kitchen and Interior Doors and @ $800 per unit	1460	7 Units	5,600				
	Stoves, Refrigertors & Water Heaters	1465	7	5,400				
	Side-Walk Repairs	1470	100 Yards	3,000				
	Sewer System - Lift Station Upgrade	1470	1	10,421				
	Retaining Wall Repairs	1470		5,000				
			TOTAL	84,021				

[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: Attala County Housing Authority

Federal FFY of Grant: 2012

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	
MS117 HA WIDE	9/30/2013		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 4/30/2011

Part I: Summary

PHA Name: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-11 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☒ **Performance and Evaluation Report for Period Ending: 09/30/11** ☐ **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]	20,000	20,000		
3	1408 Management Improvements	9,000	9,000	9,000	1,760.93
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	10,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	51,142	36,421		
11	1465.1 Dwelling Equipment—Nonexpendable	3,600	3,600		
12	1470 Non-dwelling Structures	5,000	5,000		
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.

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: Attala CountyHousing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-11 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2011** **FFY of Grant Approval: 2011**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☒ **Performance and Evaluation Report for Period Ending: 09/30/11** ☐ **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)	98,742	84,021	9,000	1,760.93
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**
Joyce Mogarity	12-8-2011		

[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: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-11 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]	
MS117-HA-WIDE	Operations	1406		20,000	20,000			
	Staff and Commissioners Training	1408		9,000	9,000	9,000	1,760.93	
	Fees and Costs Consultants Services	1430		10,000	10,000			
	Install Closets Shelving	1460	10 Units	2,000	2,000			
	Install New Kitchen Cabinets	1460	8	3,000	3,000			
	Replace Floor Tile	1460	8	6,000	6,000			
	Replace HVAC Units	1460	10 Units	40,142	25,421			
	Stoves, Refrigertors & Water Heaters	1465	9	3,600	3,600			
	Side-Walk Repairs	1470	100 Yards	5,000	5,000			
			TOTAL	98,742	84,021	9,000	1,760.93	

[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.

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

PHA Name: Attala County Housing Authority

Federal FFY of Grant: 2011

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS117 HA WIDE	9/30/2012		9/30/2013		

[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: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☒ **Performance and Evaluation Report for Period Ending: 09/30/11** ☐ **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]	12,000	12,000	12,000	12,000
3	1408 Management Improvements	7,453	7,453	7,453	7,453
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	5,931.40	5,931.40	5,931.40
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	64,400	67,157.60	63,089	63,089
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	6,200	6,200	6,200	6,200
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.

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: Attala CountyHousing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-10 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval: 2010**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☒ **Performance and Evaluation Report for Period Ending: 09/30/11** ☐ **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)	100,053	98,742	94,673.40	94,673.40
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**
Joyce A. Mogfarity	12-8-2011		

[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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
MS117-HA-WIDE	Operations	1406		12,000	12,000	12,000	12,000	
	Staff and Commissioners Training	1408		7,453	7,453	7,453	7,453	
	Fees and Costs Consultants Services	1430		10,000	5,931.40	5,931.40	5,931.40	
	Replace Porch Posts	1460	106	21,200	21,200	21,200	21,200	
	Install Handicapped Commodes	1460	12	3,600	3,600	3,600	3,600	
	Install New Kitchen Cabinets	1460	8	9,600	9,600	9,600	9.600	
	Replace Floor Tile	1460	8	12,000	14,757.60	10,689	10,689	
	Replace HVAC Condensing Units & Coils	1460	5	12,000	12,000	12,000	12,000	
	Replace Lavatory Sinks	1460	12	6,000	6,000	6,000	6,000	
	Replace Mail Box Units with Metal Awing	1470	4	3,200	3,200	3,200	3,200	
	Side-Walk Repairs	1470	100 Yards	3,000	3,000	3,000	3,000	
			TOTAL	100,053	98,742	94,673.40	94,673.40	

[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.

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

PHA Name: Attala County Housing Authority

Federal FFY of Grant: 2010

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS117 HA WIDE	9/30/2011		3/31/2012		

[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: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant
☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no:1)**
☒ **Performance and Evaluation Report for Period Ending: 09/30/11** ☐ **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	10,000	10,000	10,000
3	1408 Management Improvements	5,000	7,092	7,092	7,092
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000	8,000	8,000	8,000
8	1440 Site Acquisition				
9	1450 Site Improvement	47,761	35,981.78	35,981.78	35,981.78
10	1460 Dwelling Structures	27,200	27,200	27,200	27,200
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	-0-	11,779.22	-0-	-0-
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.

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: Attala CountyHousing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-09 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2009** **FFY of Grant Approval: 2009**

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☒ **Revised Annual Statement (revision no: 1)**

☒ **Performance and Evaluation Report for Period Ending: 09/30/11** ☐ **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)	97,961	100,053	88,273.78	88,273.78
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**
Joyce Mafanty	12-8-2011		

[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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Attala County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: MS26P117501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009**

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised [1]	Funds Obligated[2]	Funds Expended[2]	
MS117-HA-WIDE	Operations	1406		10,000	10,000	10,000	10,000	
	Staff and Commissioners Training	1408		5,000	7,092	7,092	7,092	
	Fees and Costs Consultants Services	1430		8,000	8,000	8,000	8,000	
	Interior Doors and Hardware	1460	10 Units	5,000	5,000	5,000	5,000	
	Replace Floor Tile	1460	10 Units	10,000	10,000	10,000	10,000	
	New Light Fixtuers, Plugs, Covers, Interior Painting, Plumbing & Replace Water Lines	1460	61 Units	12,200	12,200	12,200	12,200	
	Develop Recreational Area - Land Clearance, Accessible Walking Path, Picnic Tables, Grills and Benches	1450	1 Area	47,761	35,981.78	35,981.78	35,981.78	
	Replace Mail Box Units with Metal Awing	1470	4	-0-	11,779.22	-0-	-0-	
			TOTAL	97,961	100,053	88,273.78	88,273.78	

[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: Attala County Housing Authority

Federal FFY of Grant: 2009

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS117 HA WIDE	3/31/2011		6/30/2012		

[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.

Part I: Summary

PHA Name/Number **Attala County Housing Authority MS26P117**			Locality (City/County & State) **Kosciusko, Attala County, MS**		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	44,021	44,021	44,021	44,021
C.	Management Improvements		10,000	10,000	10,000	10,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other		10,000	10,000	10,000	10,000
G.	Operations		20,000	20,000	20,000	20,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		84,021	84,021	84,021	84,021
L.	Total Non-CFP Funds					
M.	Grand Total		84,021	84,021	84,021	84,021

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)		☐**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

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

Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013			Work Statement for Year: 3 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	MS117 HA WIDE			MS117 HA WIDE		
Annual	Operations		20,000	Operations		20,000
Statement	A/E Consultants Services		10,000	A/E Consultants Services		10,000
	Staff and Commissioners Training		10,000	Staff and Commissioners Training		10,000
	Interior Renovations- Kitchen Renovation, Plumbing, Flooring, Doors & Hardware, Painting, Bath Renovation	12 Units	26,621	Interior Renovations- Kitchen Renovation, Plumbing, Flooring, Doors & Hardware, Painting, Bath Renovation	12 Units	26,621
	Replace HVAC Units	4	12,000	Replace HVAC Units	4	12,000
	Stoves, Refrigerators & Hot Water Heaters	8	5,400	Stoves, Refrigerators & Hot Water Heaters	8	5,400
	Subtotal of Estimated Cost		$84,021	Subtotal of Estimated Cost		$84,021

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

Work Statement for Year 1 FFY 2012	Work Statement for Year 4 FFY 2015			Work Statement for Year: 5 FFY 2016		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	MS117 HA WIDE			MS117 HA WIDE		
Annual	Operations		20,000	Operations		20,000
Statement	A/E Consultants Services		10,000	A/E Consultants Services		10,000
	Staff and Commissioners Training		10,000	Staff and Commissioners Training		10,000
	Interior Renovations- Kitchen Renovation, Plumbing, Flooring, Doors & Hardware, Painting, Bath Renovation	12 Units	26,621	Interior Renovations- Kitchen Renovation, Plumbing, Flooring, Doors & Hardware, Painting, Bath Renovation	12 Units	26,621
	Replace HVAC Units	4	12,000	Replace HVAC Units	4	12,000
	Stoves, Refrigerators & Hot Water Heaters	8	5,400	Stoves, Refrigerators & Hot Water Heaters	8	5,400
	Subtotal of Estimated Cost		$84,021	Subtotal of Estimated Cost		$84,021

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2010		Work Statement for Year: 3 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
	NONE		NONE	
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2012	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement	NONE		NONE	
	Subtotal of Estimated Cost	$	Subtotal of Estimated Cost	$