



101 Northcrest Street
Ripley, TN 38063
Ph: 731-635-1901
Fax: 731-635-1948

October 14, 2011

Ms. Marcia Lewis
Director
Memphis HUD Office
200 Jefferson Avenue
Suite 300
Memphis, TN 38103

RE: 2012 Capital Fund Program

Dear Ms. Lewis:

Enclosed are the following required documents:

2012 PHA 5-Year and Annual Plan (HUD 50075)
2012 Annual Statement (HUD 50075.1)
Capital Fund Five Year Action Plan (HUD 50075.2)
Performance and Evaluation Reports
PHA Certifications of Compliance (HUD 50077)
Certification by State and Local Official (HUD 50077-SL)
Certification of Drug Free Workplace (HUD 50070)
Certification of Payments to Influence Federal Transactions (HUD 50071)
Disclosure of Lobbying Activities (HUD SF-LLL)
Civil Rights Certification (HUD 50077-CR)

Please do not hesitate to call if you have any questions or comments.

Sincerely,

A handwritten signature in black ink that reads 'Robert Vernon'.

Robert Vernon
Executive Director

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 has revised several previous plan elements due to additional funding. The PHA has been approved for a \$1.8 million Capital Fund Emergency Grant that will pay for the replacement of sewer lines at Chapel Circle, Crescent, and both Northcrest Developments. This Grant also includes funding for drainage and erosion control improvements at Northcrest. The gas line replacement project listed in the 2011 CFP was deleted since there was no information to support the necessity of this project. The Lead Based Paint/Asbestos Floor Removal/Window and Door Replacement Project for TN057-03 (Northcrest) listed in the five year plan was accelerated to 2011 and 2012 and majority will be paid for from the PHA reserve account. The PHA also accelerated roof replacement for developments TN057-01, 02, 03, and 04 to be completed in 2011 and 2012 with the 2009 CFP grant. CFP funds for years 2010, 2011, and 2012 will be spent predominately on unit modernization. The PHA is also planning for a new/renovated office and maintenance building in the five year plan. The current PHA offices are inadequate for tenant and management privacy and do not provide room for growth of tenant services. Since the PHA brought maintenance in-house in 2011, our facilities are completely inadequate to house the maintenance foreman office, vehicles, supplies, equipment, and a work area.</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. Ripley Housing Authority 101 Northcrest Street Ripley, TN 38063</p>																																																																								
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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. Attached</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. N/A</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> <p>Housing Needs of Families in Lauderdale County, Tennessee Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.</p> <table border="1" data-bbox="235 1396 1437 1732"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td> <td>651</td> <td>5</td> <td>5</td> <td>3</td> <td>1</td> <td>3</td> <td>4</td> </tr> <tr> <td>Income >30% but <=50% of AMI</td> <td>457</td> <td>5</td> <td>5</td> <td>3</td> <td>1</td> <td>3</td> <td>4</td> </tr> <tr> <td>Income >50% but <80% of AMI</td> <td>212</td> <td>4</td> <td>5</td> <td>4</td> <td>1</td> <td>3</td> <td>3</td> </tr> <tr> <td>Elderly</td> <td>303</td> <td>5</td> <td>5</td> <td>4</td> <td>3</td> <td>3</td> <td>4</td> </tr> <tr> <td>Families with Disabilities</td> <td>450</td> <td>5</td> <td>5</td> <td>4</td> <td>5</td> <td>3</td> <td>4</td> </tr> <tr> <td>Race/Ethnicity White</td> <td>763</td> <td>5</td> <td>5</td> <td>4</td> <td>1</td> <td>3</td> <td>4</td> </tr> <tr> <td>Race/Ethnicity Black</td> <td>852</td> <td>5</td> <td>5</td> <td>4</td> <td>1</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	Housing Needs of Families in the Jurisdiction by Family Type								Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location	Income <= 30% of AMI	651	5	5	3	1	3	4	Income >30% but <=50% of AMI	457	5	5	3	1	3	4	Income >50% but <80% of AMI	212	4	5	4	1	3	3	Elderly	303	5	5	4	3	3	4	Families with Disabilities	450	5	5	4	5	3	4	Race/Ethnicity White	763	5	5	4	1	3	4	Race/Ethnicity Black	852	5	5	4	1	3	4
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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> <p>Need: Shortage of affordable housing for all eligible populations</p> <p>Strategy: Maximize the number of affordable units available to tenants within the current resources available to the PHA</p> <p>Goal: Reduce the amount of time to renovate public housing units to the new quality standards set by the Executive Director and Board of Commissioners</p> <p>Need: Shortage of units for elderly and disabled</p> <p>Strategy: Maximize the number of affordable units available to elderly and disabled tenants within the current resources available to the PHA</p> <p>Goal: Make sure that all units designated for elderly and disabled are offered to and occupied by elderly and disabled, especially wheel chair accessible units.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The mission of Ripley Housing Authority remains to promote adequate and affordable housing, economic opportunity, and a suitable environment free from discrimination. Our goals are:</p> <ul style="list-style-type: none"> • To improve the quality of the living conditions of tenants by rehabilitating all of our units over a four year period; • To improve the security and safety of our tenants, units and developments; • To increase the availability of assisted housing units; and • To ensure equal opportunity and affirmatively furthering fair housing. <p>The PHA is making significant progress to accomplish the mission and goals of our plan. The PHA has begun unit renovations as units are vacated. These units are being finished to a standard that will be competitive with other properties in the community. We have a significant modernization program for 40 units in TN057-03 Northerest that will be completed by August of 2012 and we expect to complete about 50 vacated units per year. Over the next four years the PHA expects to have renovated all 265 units. We are also addressing the quality of units by holding tenants accountable to the terms of their lease. The PHA has also begun addressing the safety and security issues at three of our properties. We will be changing exterior lock systems to help control the number of non-tenants that have access to units. The PHA is aggressively targeting criminal activity in our developments through a closer working relationship with local law enforcement. Due to the high level of criminal activity at two of the developments, the PHA will be seeking an Emergency Grant for additional fencing, gates, security lighting and security camera systems to control the traffic in and out of these developments.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission or goals of the authority.</p>

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.

Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name)
- Provided below: Residents in development TN57-03 requested bathroom renovations, window replacement, security lights, and off-street parking. Development TN57-04 requested security lights and additional parking. Development TN057-01 requested painting and bathroom renovations. Development TN57-05 requested kitchen renovations.

3. 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: The PHA will begin window and door replacement in all units and bathroom renovations and carpet flooring in half of the units in development TN57-03 in the current year and security lights and additional parking in Developments TN057-03 and 04 in years 3, 4, and 5. Kitchen renovations are scheduled for year 4 at TN057-05 and bathroom renovations and interior painting will begin in the current year at development TN057-01.
- Other: (list below)

(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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

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

V I O L E N C E A G A I N S T W O M E N A C T P O L I C Y

BACKGROUND

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that 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 persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member if the tenant's family is the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "bifurcate" a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

DEFINITIONS

The following definitions were incorporated into the United States Housing Act and apply to this policy:

Bifurcate: To divide a lease as a matter of law such that certain tenants can be evicted or removed while the remaining family members' lease and occupancy rights are allowed to remain intact.

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 shares a child in common, by a person who is cohabitating with, or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating Violence: Violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) 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 1) that person; 2) a member of the immediate family of that person, or 3) 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.

VAWA: Refers to the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162, approved August 28, 2006), as amended by the U.S. Housing Act of 1937 (42 U.S.C. 1437d and 42 U.S. 1437f).

POLICY

A copy of this policy is available at the main office of the housing authority. A copy will be made available on request.

Admissions and Occupancy and Termination of Assistance

Being a victim of domestic violence, dating violence, or stalking, will not be considered by Ripley Housing Authority to be a basis for denial of assistance, or admission to public housing if the application otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by RHA as serious or repeated violations of the lease or other "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of abuse.

Criminal activity directly relating to abuse, 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 assistance, tenancy or occupancy rights if the tenant or an immediate family member of the tenant's family is the victim or threatened victim of the abuse.

Rights of Ripley Housing Authority

RHA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant, and such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by federal, state and local law for the termination of leases, or assistance under HUD's Public Housing Program.

Nothing in this policy may be construed to limit the authority of a PHA, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and to address the distribution of property among household members in a case where a family breaks up.

Nothing in this policy shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

Certification of Abuse and Confidentiality

RHA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to RHA. In lieu of

Form HUD 50066, the individual may provide RHA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty of perjury (28 U.S.C. 1746) to the professionals belief that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, RHA may terminate assistance.

Notification to Residents

RHA will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents' right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence. A sample notice is included with this policy.

Confidentiality

All information provided to RHA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by RHA and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of assistance; or, (c) otherwise required by applicable law.

This policy is based on regulations issued at 24 CFR Parts 5, 91, 880, et al. HUD Programs: Violence Against Women Act Conforming Amendments; Final Rule-Dated Wednesday, October 27, 2010.

RIPLEY HOUSING AUTHORITY
NOTICE TO RESIDENTS AND APPLICANTS REGARDING
RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act of 2005 (VAWA) protects victims of domestic violence, dating violence and stalking. These changes affect all persons assisted under the Public Housing and Section 8 Program.

Individuals may not be denied housing assistance, terminated from Public Housing or evicted for being the victim of domestic violence, dating violence or stalking. However, the VAWA provides certain limitations and clarifications concerning your rights. In particular, you should know that nothing contained in VAWA:

1. Prevents the Housing Authority 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 provides protections as described above. However, RHA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents RHA 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 RHA, you will not be protected from eviction by VAWA.
3. Limits the ability of RHA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

VAWA also creates a new authority under federal law that allows a housing authority 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.

If you believe that you qualify for protection under VAWA, please notify RHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of RHA's request for it. Protection may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

Ripley Housing Authority will make every effort to correspond with victims in a way that will not put them at greater risk. RHA may request that applicants or residents requesting VAWA protection come to the office to submit information. All information will be kept confidential by Ripley Housing Authority and will not be shared or disclosed by the Housing Authority without your consent except as noted in the Confidentiality clause of the VAWA Policy.

You may request a copy of RHA's written policy concerning domestic violence, dating violence, and stalking from the HA's main office. Please note that the written policy contains, among other things, definitions of the terms "domestic violence", "dating violence", "stalking", and "immediate family".

Other resources that may be of assistance include the National Domestic Violence Hotline (1-800-799-SAFE), and the National Domestic Violence Hotline website <http://www.ndvh.org>.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

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

OMB Approval No. 2577-0249
Exp. (11/30/2010)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed 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, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

Part I: Summary					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750112 Date of CFFP:		FFY of Grant: <u>2012</u> FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$66,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit	\$7,500			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$235,464			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$10,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	\$15,000			
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$333,964			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 compliance				
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				

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750112 Date of CFFP:		FFY of Grant: <u>2012</u> FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director <i>Robert A. Vernon</i>		Date <i>10-14-11</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Ripley Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43P05750112 CFFP (Yes/No): 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	
PHA-WIDE	Operations	1406	1 LS	\$66,000				
PHA-WIDE	Audit	1411	1 LS	\$7,500				
PHA-WIDE	Kitchen Renovations	1460	1 LS	\$70,000				
PHA-WIDE	Bathroom Renovations	1460	1 LS	\$35,000				
PHA-WIDE	Drywall repair/Replacement, Texturing and Painting	1460	1 LS	\$18,000				
PHA-WIDE	Blinds	1460	1 LS	\$11,000				
PHA-WIDE	Electrical Upgrades	1460	1 LS	\$6,000				
PHA-WIDE	Ceramic Tile	1460	1 LS	\$30,000				
PHA-WIDE	Appliances	1460	1 LS	\$17,000				
PHA-WIDE	Plumbing Upgrades	1460	1 LS	\$7,500				
PHA-WIDE	Interior Doors	1460	1 LS	\$5,964				
PHA-WIDE	Carpet	1460	1 LS	\$35,000				
PHA-WIDE	Playground Equipment	1475	1 LS	\$10,000				
PHA-WIDE	Relocation Costs	1495.1	1 LS	\$15,000				

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						
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750112 Replacement Housing Factor No:			Federal FY 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		
PHA-Wide	8/02/14		8/02/16			

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 Ripley Housing Authority TN057		Locality (City/County & State) Ripley, Lauderdale, Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number/Name Ripley Housing Authority / TN057	Work Statement For Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
B.	Physical Improvements Subtotal	\$150,000	\$150,000	\$115,964	\$242,964	\$239,964
C.	Management Improvements				\$15,000	
D.	PHA-Wide Non-dwelling Structures and Equipment	\$105,964	\$105,964	\$152,000	\$10,000	\$28,000
E.	Administration					
F.	Other	\$12,000	\$12,000			
G.	Operations	\$66,000	\$66,000	\$66,000	\$66,000	\$66,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing- Debt Service					
K.	Total CFP Funds	\$333,964	\$333,964	\$333,964	\$333,964	\$333,964
L.	Non-CFP Funds					
M.	Grand Total	\$333,964	\$333,964	\$333,964	\$333,964	\$333,964

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 Ripley Housing Authority TN057		Locality (City/County & State) Ripley, Lauderdale, Tennessee			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number/Name Ripley Housing Authority / TN057	Work Statement For Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
B.	Physical Improvements Subtotal					
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing- Debt Service					
K.	Total CFP Funds					
L.	Non-CFP Funds					
M.	Grand Total					

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 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
	PHA-WIDE			PHA-WIDE		
	Computer Software	1 LS	\$5,000	Flooring	1 LS	\$20,000
	Computer Hardware	1 LS	\$15,000	Fences and Landscaping	1 LS	\$10,000
	Ext. Building Improvements	1 LS	\$32,000	Maintenance Equipment	1 LS	\$4,500
	Non Dwelling Building Improvements	1 LS	\$10,000	Office Equipment	1 LS	\$5,000
	Porch Dividers	1 LS	\$13,000	Maintenance Vehicle	1 LS	\$23,000
	Flooring	1 LS	\$11,364	Porch Dividers	1 LS	\$14,000
	Kitchen Renovations	1 LS	\$54,600	Security	1 LS	\$12,000
	Bathroom Improvements	1 LS	\$32,000	Roofing	1 LS	\$6,200
	Roofing	1 LS	\$15,000	Interior Patching, Painting	1 LS	\$8,000
	Concrete Replacement	1 LS	\$25,000	Site Improvements (Concrete, erosion, handrails, clotheslines)		\$20,000
	Flooring	1 LS	\$20,000	Appliances		\$25,000
	HVAC Improvements	1 LS	\$25,000	Bathroom Renovations	1 LS	\$15,000
	Plumbing Improvements	1 LS	\$10,000	Kitchen Renovations	1 LS	\$15,000
	Operations	1 LS	\$66,000	Electrical Renovations	1 LS	\$22,000
				Insulation	1 LS	\$14,800
				HVAC Improvements	1 LS	\$25,000
				Plumbing Improvements	1 LS	\$11,000
				Exterior Building Improvements	1 LS	\$10,000
				Windows and doors and screens	1 LS	\$7,464
				Operations	1 LS	\$66,000
	Subtotal of Estimated Cost		\$333,964	Subtotal of Estimated Cost		\$333,964

Part I: Summary						
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Emergency Grant No: TN34E05750111 Date of CFFP:			FFY of Grant: <u>2011</u> FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		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					
4	1410 Administration (may not exceed 10% of line 21)	\$800				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$149,500				
8	1440 Site Acquisition					
9	1450 Site Improvement	\$1,677,000				
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities 4					
18a	1501 Collateralization or Debt Service					
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,827,300				
21	Amount of line 21 Related to LBP Activities					
22	Amount of line 21 Related to Section 504 compliance					
23	Amount of line 21 Related to Security – Soft Costs					
24	Amount of Line 21 Related to Security – Hard Costs					
25	Amount of line 21 Related to Energy Conservation Measures					

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: Ripley Housing Authority		Grant Type and Number Capital Fund Emergency Grant No: TN34E05750111 Date of CFFP:			FFY of Grant: <u>2011</u> FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost1	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director <i>Robert A. Vernon</i>		Date 12-22-11		Signature of Public Housing Director Date	

Part I: Summary					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750111 Date of CFFP:			FFY of Grant: <u>2011</u> 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: One) <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		\$66,000		
3	1408 Management Improvements		\$2,500		
4	1410 Administration (may not exceed 10% of line 21)	\$500			
5	1411 Audit		\$7,500		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$68,000	\$23,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$265,464	\$7,000		
10	1460 Dwelling Structures		\$227,964		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$333,964	\$333,964		
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750111 Date of CFFP:		FFY of Grant: <u>2011</u> 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: One) <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 Cost1	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director <i>Robert A. Vernon</i>		Date <i>10-14-11</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Ripley Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43P05750111 CFFP (Yes/No): 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	
PHA-WIDE	Operations	1406	1 LS	\$66,000				
PHA-WIDE	Computer Hardware and Software	1408	1 LS	\$2,500				
PHA-WIDE	Audit	1411	1 LS	\$7,500				
PHA-WIDE	Fees and Costs	1430	1 LS	\$23,000				
PHA-WIDE	Site Improvements - Security	1450	1 LS	\$10,000				
PHA-WIDE	Kitchen Renovations	1460	1 LS	\$70,000				
PHA-WIDE	Bathroom Renovations	1460	1 LS	\$35,000				
PHA-WIDE	Drywall repair/Replacement, Texturing and Painting	1460	1 LS	\$18,000				
PHA-WIDE	Blinds	1460	1 LS	\$11,000				
PHA-WIDE	Electrical Upgrades	1460	1 LS	\$6,000				
PHA-WIDE	Ceramic Tile	1460	1 LS	\$25,500				
PHA-WIDE	Appliances	1460	1 LS	\$17,000				
PHA-WIDE	Plumbing Upgrades	1460	1 LS	\$7,500				
PHA-WIDE	Interior Doors	1460	1 LS	\$5,964				
PHA-WIDE	Carpet	1460	1 LS	\$29,000				

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					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750111 Replacement Housing Factor No:			Federal FY 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
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	8/03/13		8/03/15		
TN57-01	8/03/13		8/03/15		

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750110 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: 2) <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		\$75,000		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$500			
5	1411 Audit		\$7,500		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$78,200	\$45,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$10,000	\$50,000		
10	1460 Dwelling Structures	\$287,543	\$189,743		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$3,000	\$3,000		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	\$3,000	\$12,000		
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$382,243	\$382,243		
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750110 Date of CFFP:		FFY of Grant: <u>2010</u> 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: 2) <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
Signature of Executive Director <i>Roberta A. Vernon</i>		Date <i>10-14-11</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Ripley Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43P05750110 CFFP (Yes/No): 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	
PHA-WIDE	Publications	1410	1 LS	\$500				
PHA-WIDE	Consulting Costs: A&E Design, Planning, Inspections, Mod. Coordination, LBP Asbestos Clearance Testing	1430	1 LS	\$78,200	\$45,000			Pending
PHA-WIDE	Site Improvements (Concrete, Handrails Pkg., Site Work)	1450	1 LS	\$10,000	\$10,000			Pending
TN57-02	Bathroom Improvements	1460	18 DU	\$93,000				
TN57-02	Kitchen Renovations	1460	18 DU	\$159,543				
PHA-WIDE	Floor Tile (Asbestos)	1460	14 DU	\$35,000				
PHA-WIDE	Non-Dwelling Improvements	1470	1 LS	\$3,000	\$3,000			Pending
PHA-WIDE	Relocation	1495.1	1 LS	\$3,000	\$12,000			Pending
PHA-WIDE	Operations	1406	1 LS		\$75,000			Pending
PHA-WIDE	Audit	1411	1 LS		\$7,500			Pending
PHA-WIDE	Security – Exterior Door Locks	1450	1 LS		\$40,000			Pending
TN057-03	LBP and Asbestos Removal/Replace Windows and Doors	1460	5 DU		\$37,000	\$37,000		Pending
PHA-WIDE	Kitchen Renovations	1460	1 LS		\$50,000			Pending
PHA-WIDE	Bathroom Renovations	1460	1 LS		\$25,000			Pending
PHA-WIDE	Drywall repair/Replacement, Texturing and Painting	1460	1 LS		\$8,000			Pending
PHA-WIDE	Blinds	1460	1 LS		\$8,000			Pending

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					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750110 Replacement Housing Factor No:			Federal FY 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
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	7/12/12		7/12/14		
TN57-03	7/12/12	9/26/11	7/12/14		

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750109 Date of CFFP:		FFY of Grant: <u>2009</u> 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: Three) <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				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$500	\$500		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$78,200	\$108,010	\$96,310	\$81,840
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000	\$1,500		
10	1460 Dwelling Structures	\$242,239	\$254,981.20	\$245,666.50	\$7,238.50
11	1465.1 Dwelling Equipment—Nonexpendable	\$13,000	\$6,161.80	\$6,161.80	
12	1470 Nondwelling Structures	\$26,000	\$1,000		
13	1475 Nondwelling Equipment		\$5,786	\$5,786	
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	\$3,000	\$5,000		
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$382,939	\$382,939	\$353,924.30	\$89,078.50
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750109 Date of CFFP: _____		FFY of Grant: <u>2009</u> 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: Three) <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
Signature of Executive Director <i>Robert A. Vernon</i>		Date <i>10-14-11</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Ripley Housing Authority				Grant Type and Number Capital Fund Program Grant No: TN43P05750109 CFFP (Yes/No): 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	
PHA-WIDE	Publications	1410	1 LS	\$500	\$500			In Progress
PHA-WIDE	AE Services	1430	1 LS	\$33,800	\$62,110	\$62,110	\$57,840	In Progress
PHA-WIDE	Construction Administration	1430	1 LS	\$18,900	\$18,900	\$10,200		Pending
PHA-WIDE	Mgmt/Mod. Coordination	1430	1 LS	\$18,000	\$19,500	\$19,500	\$19,500	In Process
PHA-WIDE	PHAP Preparation	1430	1 LS	\$4,500	\$4,500	\$4,500	\$4,500	Complete
PHA-WIDE	Asb./LBP Clearance Testing	1430	1 LS	\$3,000	\$3,000			Pending
PHA-WIDE	Site Improvements (Concrete, Handrails Pkg., Erosion, & Site Work)	1450	1 LS	\$20,000	\$1,500			Pending
PHA-WIDE	Bathroom Renovations	1460	1 LS	\$18,000	\$2,000			Pending
PHA-WIDE	Kitchen Renovations	1460	1 LS	\$22,000	\$2,000			Pending
PHA-WIDE	Floor Tile	1460	1 LS	\$28,078	\$1,000			Pending
TN57-03	Floor Tile (Asbestos)	1460	1 LS	\$37,691				Pending
TN57-03	Windows / Security Screens / Exterior Doors (I) LBP	1460	40 DU	\$106,000	\$10,053.20	\$7,238.50	\$7,238.50	Ongoing
TN57-06	Exterior Building Improvements	1460	1 LS	\$8,000	\$1,500			Pending
PHA-WIDE	Roofs	1460	1 LS	\$22,470	\$238,428	\$238,428		Pending
PHA-WIDE	Ranges	1465.1	1 LS	\$6,000	\$2,707	\$2,707		Pending
PHA-WIDE	Refrigerators	1465.1	1 LS	\$7,000	\$3,454.80	\$3,454.80		Pending
PHA-WIDE	Non-Dwelling Improvements	1470	1 LS	\$26,000	\$1,000			Pending
PHA-WIDE	Maintenance Equipment	1475	1 LS		\$5,786	\$5,786		Transferred from Yr 5 of 2011 Plan
PHA-WIDE	Relocation	1495.1	1 LS	\$3,000	\$5,000			Pending

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					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750109 Replacement Housing Factor No:			Federal FY 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	
PHA-Wide	9/14/11		9/14/13		
TN57-01	9/14/11		9/14/13		
TN57-03	9/14/11		9/14/13		
TN57-06	9/14/11		9/14/13		

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S05750109 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 checked="" type="checkbox"/> Revised Annual Statement (revision no: Final) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input checked="" 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					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	\$500				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$30,600	\$32,318	\$32,318	\$32,318	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$460,851	\$459,633	\$459,633	\$459,633	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
18a	1501 Collateralization or Debt Service					
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$491,951	\$491,951	\$491,951	\$491,951	
21	Amount of line 21 Related to LBP Activities					
22	Amount of line 21 Related to Section 504 compliance					
23	Amount of line 21 Related to Security – Soft Costs					
24	Amount of Line 21 Related to Security – Hard Costs					
25	Amount of line 21 Related to Energy Conservation Measures					

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S05750109 Date of CFFP:		FFY of Grant: <u>2009</u> 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: Final) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost1	
		Original	Revised 2	Obligated	Expended
Signature of Executive Director <i>Robert A. Vernon</i>		Date <i>12-22-11</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Ripley Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43S05750109 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Developme nt Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Publications	1410	1 LS	\$500				Not Used
PHA-WIDE	A/E Services	1430	1 LS	\$30,600	\$32,318	\$32,318	\$32,318	Completed
TN057000001 (TN57-2)	Window Replacement / Security Screens	1460	35 DU	\$123,000	\$96,000	\$96,000	\$96,000	Completed
TN057000001 (TN57-4)	Window Replacement / Security Screens	1460	33 DU	\$116,851	\$90,000	\$90,000	\$90,000	Completed
TN057000001 (TN57-5)	Window Replacement / Security Screens	1460	30 DU	\$107,000	\$79,000	\$79,000	\$79,000	Completed
TN057000001 (TN57-2)	Door Replacement	1460	10 DU	\$21,000	\$24,000	\$24,000	\$24,000	Completed
TN057000001 (TN57-6)	Window Replacement /Security Screens	1460	26 DU	\$93,000	\$57,500	\$57,500	\$57,500	Completed
TN057000001 (TN57-1)	Bathroom Vent Fans	1460	39 EA		\$16,848	\$16,848	\$16,848	Completed
TN057000001 (TN57-4)	Window/Security Screens	1460	6 EA		\$2,622	\$2,622	\$2,622	Completed
TN057000001 (TN57-6)	Entry Doors	1460	24 EA		\$19,176	\$19,176	\$19,176	Completed
TN057000001 (TN57-6)	Storm Doors	1460	64 EA		\$20,980	\$20,980	\$20,980	Completed
TN057000001 (TN57-2)	Entry Doors / Frames	1460	50 EA		\$53,507	\$53,507	\$53,507	Completed

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					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43S05750109 Replacement Housing Factor No:			Federal FY 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
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	3/18/10	3/18/10	3/18/12	12/31/10	
TN057000001 (TN57-2)	3/18/10	3/18/10	3/18/12	12/31/10	
TN057000001 (TN57-4)	3/18/10	3/18/10	3/18/12	12/31/10	
TN057000001 (TN57-5)	3/18/10	3/18/10	3/18/12	12/31/10	
TN057000001 (TN57-6)	3/18/10	3/18/10	3/18/12	12/31/10	

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.

1036-50

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750108 Date of CFFP:		FFY of Grant: <u>2008</u> 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: 5) <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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 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	\$80,200	\$80,200	\$80,200	\$80,200
8	1440 Site Acquisition				
9	1450 Site Improvement	\$1,099.78			
10	1460 Dwelling Structures	\$277,593.26	\$264,822.83	\$264,822.83	\$258,407.51
11	1465.1 Dwelling Equipment—Nonexpendable	\$14,056	\$19,578.21	\$19,578.21	\$14,056
12	1470 Nondwelling Structures	\$15,698.96	\$15,698.96	\$15,698.96	\$15,698.96
13	1475 Nondwelling Equipment		\$8,348	\$8,348	
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
2	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 20)	\$388,648	\$388,648	\$388,648	\$368,362.47
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security - Soft Costs				
24	Amount of Line 21 Related to Security - Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750108	FFY of Grant: 2008
Date of CFP: _____		FFY of Grant Approval: _____	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 5) <input type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant		Total Estimated Cost	Total Actual Cost
Summary by Development Account		Original	Revised 2
Signature of Executive Director		Signature of Public Housing Director	
Date: 12-22-11		Date	

Part II: Supporting Pages		Grant Type and Number			Federal FFY of Grant: 2008			
PHA Name: Ripley Housing Authority		Capital Fund Program Grant No: TN43P05750108 CFFP (Yes/No): No Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	Publications	1410	1 LS					Not Used
PHA-WIDE	AE Services	1430	1 LS	\$24,200	\$24,200 ✓	\$24,200	\$24,200	Complete
PHA-WIDE	Construction Administration	1430	1 LS	\$26,000	\$26,000	\$26,000	\$26,000	In Process
PHA-WIDE	Mgmt/Mod. Coordination	1430	1 LS	\$18,000	\$18,000 ✓	\$18,000	\$18,000	In Process
PHA-WIDE	PHAP Preparation	1430	1 LS	\$4,500	\$4,500	\$4,500	\$4,500	Complete
PHA-WIDE	Asbestos/LBP Clearance Testing	1430	1 LS					In Process
PHA-WIDE	Environmental Review Record	1430	1 LS	\$7,500	\$7,500 ✓	\$7,500	\$7,500	Complete
PHA-WIDE	Site Improvements (Concrete & Cleanouts, Parking, Site Work)	1450	1 LS	\$1,099.78				Complete
PHA-WIDE	Roofs	1460	12 DU					Not Used
TN57-01	Floor Tile	1460	8 DU					Not Used
TN57-03	Floor Tile (Asbestos)	1460	20 DU	\$7,424.40	\$7,424.40	\$7,424.40	\$7,424.40	Complete
TN57-03	Ext. Bldg. Improvements (LBP)	1460	40 DU	\$148,856.65	\$136,086.22	\$136,086.22	\$129,670.90	In Process
TN57-03	Gutters, Downspouts, Splash Blocks	1460	84 Bldgs.					In Process
TN57-05	Floor Tile/Carpet Replacement	1460	1 LS					Not Used
TN57-06	HVAC Improvements (including Condenser Guards - "cages")	1460	40 DU	\$3,874.21	\$3,874.21	\$3,874.21	\$3,874.21	Complete
TN57-06	Mechanical Closet Doors and Walls	1460	24 DU	\$8,600	\$8,600	\$8,600	\$8,600	Complete
TN57-06	Int. Demolition (to Construct Chases, Install New Windows, etc.)	1460	40 DU	\$20,000	\$20,000	\$20,000	\$20,000	Complete
TN57-06	Windows	1460	130 EA	\$42,250	\$42,250	\$42,250	\$42,250	Complete
TN57-06	Concrete Pad (for Condenser Unit)	1460	40 EA	\$5,000	\$5,000	\$5,000	\$5,000	Complete

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 II: Supporting Pages								
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750108 CFFP (Yes/No): 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	
TN57-06	Construct Wood Chase (HVAC Returns)	1460	30 EA	\$12,800	\$12,800	\$12,800	\$12,800	Completed
TN57-06	Construct Fire Wall in Attic	1460	8 EA	\$12,000	\$12,000	\$12,000	\$12,000	Completed
TN57-06	Electrical (for HVAC Connections)	1460	40 EA	\$13,788	\$13,788	\$13,788	\$13,788	Completed
TN57-06	Paint Exterior Doors	1460	40 EA	\$3,000	\$3,000	\$3,000	\$3,000	Completed
PHA-WIDE	Ranges/ Refrigerators	1465.1	18 EA	\$14,056	\$19,578.21	\$19,578.21	\$14,056	Completed
PHA-WIDE	Non-Dwelling Improvements	1470	1 LS	\$15,698.96	\$15,698.96	\$15,698.96	\$15,698.96	In Process
PHA-WIDE	Non-Dwelling Equipment	1475	1 LS		\$8,348	\$8,348		Pending

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					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750108 Replacement Housing Factor No:			Federal FY of Grant: 2008
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	6/12/10	6/12/10	6/12/12		
TNS7-01	6/12/10	6/12/10	6/12/12		
TNS7-03	6/12/10	6/12/10	6/12/12		
TNS7-05	6/12/10	6/12/10	6/12/12		
TNS7-06	6/12/10	6/12/10	6/12/12		

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750107 Date of CFFP:			FFY of Grant: <u>2007</u> 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: Final) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised 1	Obligated	Expended
1	Total non-CFP Funds				
	1406 Operations (may not exceed 20% of line 21) 3				
	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$92,950	\$72,300	\$72,300	\$72,300
8	1440 Site Acquisition				
9	1450 Site Improvement	\$28,897	\$28,245.51	\$28,245.51	\$28,245.51
10	1460 Dwelling Structures	\$252,970	\$286,871.49	\$286,871.49	\$286,871.49
11	1465.1 Dwelling Equipment—Nonexpendable	\$11,100			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4	\$1,000			
18a	1501 Collateralization or Debt Service				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$387,417	\$387,417	\$387,417	\$387,417
21	Amount of line 21 Related to LBP Activities				
22	Amount of line 21 Related to Section 504 compliance				
23	Amount of line 21 Related to Security – Soft Costs				
24	Amount of Line 21 Related to Security – Hard Costs				
25	Amount of line 21 Related to Energy Conservation Measures				

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: Ripley Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05750107 Date of CFFP: _____		FFY of Grant: <u>2007</u> 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: Final)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
e Summary by Development Account		Total Estimated Cost		Total Actual Cost	
		Original	Revised :	Obligated	Expended
Signature of Executive Director <i>Robert A. Vernon</i>		Date <i>12-22-11</i>	Signature of Public Housing Director		Date

Part II: Supporting Pages								
PHA Name: Ripley Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43P05750107 CFFP (Yes/No): 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	Publications	1410	1 LS	\$500				Not Used
HA-WIDE	AE Design	1430	1 LS	\$30,900	\$30,900 ✓	\$30,900	\$30,900	Complete
HA-WIDE	Construction Administration	1430	1 LS	\$18,900	\$18,900 ✓	\$18,900	\$18,900	Complete
HA-WIDE	Clerk of the Works	1430	1 LS	\$12,100				Not Used
HA-WIDE	Mgmt/Mod. Coordination	1430	1 LS	\$18,000	\$18,000 ✓	\$18,000	\$18,000	Complete
HA-WIDE	PHAP Preparation	1430	1 LS	\$4,500	\$4,500 ✓	\$4,500	\$4,500	Complete
HA-WIDE	Asb. Clearance Testing	1430	1 LS	\$2,500				Not Used
HA-WIDE	Appraisal Fees	1430	1 LS	\$6,050				Not Used
HA-WIDE	Site Improvements (Walks & Handrails Pkg.)	1450	1 LS	\$25,697	\$28,245.51 ✓	\$28,245.51	\$28,245.51	Complete
TN57-05	Exterior Lighting	1450	1 LS	\$3,200				Not Used
TN57-01	0 BR Conversions	1460	8 DU	\$120,000				Not Used
TN57-01	Roofs	1460	12 DU	\$22,470				Not Used
TN57-01	Gutters, Downspouts, Splash Blocks	1460	36 DU	\$18,000				Not Used
TN57-02	0 BR Conversions	1460	4 DU	\$60,000				Not Used
TN57-03	Floor Tile (Asbestos)	1460	10 DU	\$32,500				Not Used
TN57-06	HVAC Improvements	1460	40 DU		\$229,588	\$229,588	\$229,588	Complete
TN57-06	Windows	1460	40 DU		\$42,250	\$42,250	\$42,250	Complete
TN57-06	Doors	1460	40 DU		\$9,600	\$9,600	\$9,600	Complete
TN57-06	Fire Walls	1460	40 DU		\$5,433.49	\$5,433.49	\$5,433.49	Complete
HA-WIDE	Ranges	1465.1	15 EA	\$4,350				Not Used
HA-WIDE	Refrigerators	1465.1	15 EA	\$6,750				Not Used
HA-WIDE	Relocation	1495.1	1 LS	\$1,000				Not Used

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					
PHA Name: Ripley Housing Authority		Grant Type and Number Capital Fund Program No: TN43P05750107 Replacement Housing Factor No:			Federal FY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	9/12/09	8/31/09	9/12/11	12/31/09	
TN57-01	9/12/09	8/31/09	9/12/11	12/31/09	
TN57-02	9/12/09	8/31/09	9/12/11	12/31/09	
TN57-05	9/12/09	8/31/09	9/12/11	12/31/09	
TN57-06	9/12/09	8/31/09	9/12/11	12/31/09	

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.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or ___ Annual PHA Plan for the PHA fiscal year beginning _____, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Ripley Housing Authority
PHA Name

TN057
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 12 - 20 16

Annual PHA Plan for Fiscal Years 20 12 - 20 12

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

Name of Authorized Official <u>George Tynee</u>	Title <u>Chairman</u>
Signature <u>George P. Tynee</u>	Date <u>10/14/2011</u>

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB# 2577-0226
Expires 06/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Kendra Jensen the Research Analyst certify that the Five Year and Annual

PHA Plan of the Ripley Housing Authority is consistent with the

Consolidated Plan of State of Tennessee prepared pursuant to 24 CFR Part 91.

Kendra Jensen 10/13/2011

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Ripley Housing Authority

Program/Activity Receiving Federal Grant Funding

FY2012 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

TN057-001 Crescent Heights, Ripley, Lauderdale County, Tennessee 38063

TN057-002 Chapel Terrace, Ripley, Lauderdale County, Tennessee 38063

TN057-003 Northcrest, Ripley, Lauderdale County, Tennessee 38063

TN057-004 Northcrest Addition, Ripley, Lauderdale County, Tennessee 38063

TN057-005 Layfayette-Chickasaw, Ripley, Lauderdale County, Tennessee 38063

TN057-006 Willow Creek Village, Ripley, Lauderdale County, Tennessee 38063

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

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Robert A. Vernon

Title

Executive Director

Signature

Robert A. Vernon

Date

10-14-2011

X

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Ripley Housing Authority

Program/Activity Receiving Federal Grant Funding
2012 Capital Fund Program

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

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

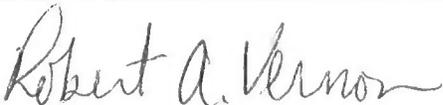
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this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

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

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

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

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

Name of Authorized Official Robert A. Vernon	Title Executive Director
Signature 	Date (mm/dd/yyyy) 10/14/2011

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known : Congressional District , if known : 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District , if known :	
6. Federal Department/Agency: N/A	7. Federal Program Name/Description: N/A CFDA Number, if applicable: _____	
8. Federal Action Number , if known : N/A	9. Award Amount , if known : \$ N/A	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Robert A. Vernon</u> Print Name: <u>Robert A. Vernon</u> Title: <u>Executive Director</u> Telephone No.: <u>731-635-1901</u> Date: <u>10/14/2011</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Ripley Housing Authority

TN057

PHA Name

PHA Number/HA Code

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

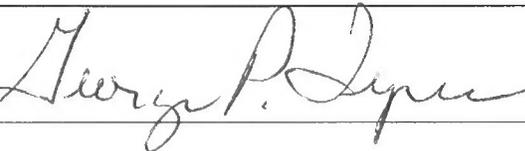
Name of Authorized Official

George Tyree

Title

Chairman

Signature



Date

10/14/2011