

Annual  
Plan

2012

---

Maryville Housing Authority

TN065

# Contents

PHA Information .....	3
Mission.....	3
Goals and Objectives. ....	3
PHA Plan Update.....	4
Housing Needs.....	6
Strategy for Addressing Housing Needs. ....	6
Additional Information. ....	7
Progress in Meeting Goals and Objectives .....	7
Required Submissions list .....	12
Attachment 1 Pet Policy .....	13
Attachment 2 – RAB Comments .....	15
Challenged Elements: .....	15
NO elements of the plan were changed based on RAB comments.....	15
Attachment 3 – VAWA Policy .....	16
Attachment 4 – Form HUD – 50075.1, capital Fund Program Annual Statement/ Performance and Evaluation Report ...	17
Attachment 5 – Form HUD – 50075.2, Capital Fund Program Five Year Action Plan.....	54
<b>** Attachments 6 – 11 sent separately; TN065av6, TN065av7, TN065av8, TN065av9, TN065av10, TN065av11</b>	

<b>PHA 5-Year and Annual Plan</b>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
-----------------------------------	---	--

1.0	<b>PHA Information</b> Maryville Housing Authority TN065 High Performing Fiscal Year Beginning: 01/01/2012
2.0	<b>Inventory</b> (based on ACC units 02/01/2012) Number of PH units: 400      Number of HCV units: 356
3.0	<b>Submission Type</b> <input type="checkbox"/> 5 – Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.
5.1	<b>Mission.</b> State the PHA’s Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA’s jurisdiction for the next five years:  The mission of the Maryville Housing Authority is to provide a quality living environment for the qualified families of this community that is affordable and safe while promoting opportunities for economic development and family self sufficiency, without discrimination.
5.2	<b>Goals and Objectives.</b> Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.
	<ul style="list-style-type: none"> <li>a. Expand the supply of assisted housing. Objectives: Acquire or build units or developments</li> <li>b. Improve the quality of assisted housing. Objectives: Increase customer satisfaction; Renovate or modernize public housing units; Demolish or dispose of obsolete public housing; provide replacement housing.</li> <li>c. Increase assisted housing choices. Objectives: Conduct outreach efforts to potential voucher landlord; Increase voucher payment standards; Implement public housing or other homeownership programs</li> <li>d. Provide an improved living environment. Objectives: Implement public housing security improvements</li> <li>e. <ul style="list-style-type: none"> <li>MHA will attempt to provide support to our residents in the area of training programs, educational opportunities, drug awareness and education, economic opportunities, security, self-sufficiency and resident programs to the extent funding will permit.</li> </ul> </li> <li>f. Promote Self-sufficiency and asset development of assisted households. Objectives: Increase the number and percentage of employed persons in assisted families; Provide or attract supportive services to improve assistance recipients' employability; Provide or attract supportive services to increase independence for the elderly or families with disabilities.</li> </ul>

	<ul style="list-style-type: none"> <li>g. Ensure Equal Opportunity and affirmatively further fair housing. Objective: Undertake affirmative measures to ensure access to assisted housing regardless of race color, religion, national origin, sex, familial status, and disability; Undertake affirmative measures to provide suitable living environment for families living in assisted housing regardless of race color, religion, national origin, sex, familial status, and disability;</li> <li>h. Shall fully comply with all applicable standards and regulations, including generally accepted accounting practices as evidenced by the lack of finding of noncompliance in audits or review conducted at the authority</li> <li>i. Shall maintain its operating reserves at or above \$400,000 between now and 12/31/2014.</li> <li>j. Shall reduce its dependence on HUD by raising \$60,000 from non HUD sources by 12/31/2014</li> <li>k. Shall concentrate its management functions to attain and maintain high performer status in both its public housing and section 8 programs</li> </ul>
6.0	<p><b><i>PHA Plan Update</i></b></p> <ul style="list-style-type: none"> <li>• <b>Trespass Policy</b></li> <li>• <b>Updated Rent Collection Policy</b></li> <li>• <b>Petty Cash Policy</b></li> </ul>
	<p><b>The Maryville Housing Authority Trespass Policy</b></p> <p>Individuals who engage in certain prohibited activities will be banned from all properties owned, and /or managed by the Maryville Housing Authority (MHA) in accordance with TCA 39-14-405, Criminal Trespass, TCA 39-14-406, Aggravated Criminal Trespass, Maryville City Ordinance 11-701, Trespassing, and other rules adopted by the Board of Commissioners of MHA. An individual may be banned from MHA property for any violation of law on or off the premises or if it is believed that the person is a threat or has exhibited behaviors that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents. If the person banned is a juvenile, MHA will make a reasonable effort to notify the juvenile’s parent or legal guardian.</p> <p>MHA will prepare and maintain a “Trespass List” containing the names of individuals who have been banned from MHA properties. The Trespass List will be placed periodically in the authority’s newsletter as well as being posted in the lobby of the Central Office. At the time a person is placed on the trespass list, MHA will make every effort to notify that person. A copy of the list will also be provided to the appropriate law enforcement authority and a notice will be sent to the resident with whom the banned person was visiting. Service of the trespass notice may be performed by any agent of the Housing Authority or any law enforcement agent, but the decision to ban any individual from MHA property shall be approved at the sole discretion of MHA’s Executive Director or his/her designee. A conviction under state or federal law is not required to support the decision to ban any individual from entering onto MHA property.</p> <p>An individual who wishes to have his or her name removed from the Trespass List must make an appointment with the Executive Director (or his/her designee) to discuss the removal. All relevant circumstances will be considered and a written decision will be provided advising the person of MHA’s decision. No person will be removed without first meeting with the Executive Director (or his/her designee) and receiving a written notice of removal.</p> <p>The individuals found on this list are not allowed onto MHA property at any time. The listing of any individual’s name on this list should not be interpreted as a statement or indication of any criminal wrongdoing. MHA will obtain warrants for trespass against any individual whose name is on the Trespass List and they are found on MHA property.</p>

	<p style="text-align: center;"><b>Maryville Housing Authority Rent Collection Policy</b></p> <hr/> <p>Tenant rent is due on the first of each month and will be considered late after the tenth day unless the tenth day falls on holiday or weekend when the office is closed for rent collection.</p> <p>On the eleventh day a Delinquent Notice will be sent by first class mail and late fees of \$20 or %10 of rent, whichever is greater will be assessed for processing rent after the tenth day. A returned check fee of \$20 will be added to late fees for any check returned for non-payment.</p> <p>Eviction proceedings will begin 14 days from the tenth day if the rent is still unpaid. <u>Should a payment made during the 14 days result in a returned check or other invalid form of payment, eviction proceedings will continue as if no payment had been made. (As a courtesy MHA may contact the family to notify them of the continued eviction if the invalid form of payment remains unpaid by close of business on the date of the notification.)</u></p> <p>Any monies collected monthly will first be applied to any outstanding charges before applied to any current charges.</p> <p>Repeated late payment of rent can be considered grounds for eviction even if all charges are paid prior to the conclusion of the eviction.</p> <p>The authority retains the right to reconsider the above policy should the resident present valid extenuating circumstances regarding the delinquency.</p> <p>_____ Signature</p> <p>_____ Date</p>
	<p style="text-align: center;"><b>Maryville Housing Authority Petty Cash Policy</b></p> <p>The Maryville Housing Authority Procurement Policy allows for purchases under \$100 to be made through the use of a Petty Cash Account. Petty Cash Accounts maybe established at each Authority Office in an amount of \$100 to cover small purchases slips and receipts will be kept in a lock box and the total of these made during the month. For all Petty Cash Accounts, the Authority shall ensure that security is maintained and only authorized individuals have access to the account. These accounts shall be replenished and reconciled periodically. The total of the cash on hand, petty cash three shall always equal \$100.</p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and /or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Voucher.</b> <i>Include Statements related to these programs as applicable.</i></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, Form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p><a href="#">Attachment 4</a></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, for HUD-50072.2, and subsequent annual updates )on a rolling basis, e.g., drop</p>

current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.

Attachment 5

9.0 **Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8- tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Housing Needs of Families in the Jurisdiction							
by Family Type (5 year plan)							
1= lowest need – 5= highest need							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	2	5	5	1	1	1	1
Income >30% but <=50% of AMI	5	4	5	1	1	1	1
Income >50% but <80% of AMI	2	3	5	1	1	1	1
Elderly	2	2	5	1	3	1	1
Families with Disabilities	2	2	5	1	3	1	1
AA	1	1	1	1	1	1	1
American Indian	1	1	1	1	1	1	1
Asian	1	1	1	1	1	1	1
Multi Racial	1	1	1	1	1	1	1

9.1 **Strategy for Addressing Housing Needs.** Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

Undertake affirmative measures to ensure access to assisted housing regardless of race color, religion, national origin, sex, familial status, and disability; and increase the number of affordable housing units in our jurisdiction whenever possible.

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification: :</p>
(a)	<p><b><i>Progress in Meeting Goals and Objectives:</i></b></p> <ul style="list-style-type: none"> <li>a. Expand the supply of assisted housing. Objectives: Acquire or build units or developments <i>Progress: No funding available</i></li> <li>b. Improve the quality of assisted housing. Objectives: Increase customer satisfaction; Renovate or modernize public housing units; Demolish or dispose of obsolete public housing; provide replacement housing. <i>Progress: Through the use of ARRA funds MHA replaced or repaired the water and sewer lines at the Parkside Development; replaced roofs at the Parkside Development and are currently re-landscaping and repairing or installing sidewalks throughout the Parkside Development</i></li> <li>c. Increase assisted housing choices. Objectives: Conduct outreach efforts to potential voucher landlord; Increase voucher payment standards; Implement public housing or other homeownership programs <i>Progress: Work closely with local landlord organization to promote the Housing Choice Voucher Program; Decrease in payment standard was made 7/1/2011 to comply with HUD's request that we lower our program cost due to funding cuts.</i></li> <li>d. Provide an improved living environment. Objectives: Implement public housing security improvements <i>Progress: Continue to contract with the City of Maryville Police Department for after hour security.</i></li> <li>e. MHA will attempt to provide support to our residents in the area of training programs, educational opportunities, drug awareness and education, economic opportunities, security, self-sufficiency and resident programs to the extent funding will permit. <i>Progress: No funding available</i></li> <li>f. Promote Self-sufficiency and asset development of assisted households. Objectives: Increase the number and percentage of employed persons in assisted families; Provide or attract supportive services to improve assistance recipients' employability; Provide or attract supportive services to increase independence for the elderly or families with disabilities. <i>Progress: Priority given to working families.</i></li> <li>g. Ensure Equal Opportunity and affirmatively further fair housing. Objective: Undertake affirmative measures to ensure access to assisted housing regardless of race color, religion, national origin, sex, familial status, and disability; Undertake affirmative measures to provide suitable living environment for families living in assisted housing regardless of race color, religion, national origin, sex, familial status, and disability; <i>Progress: We offer equal opportunity housing</i></li> <li>h. Shall fully comply with all applicable standards and regulations, including generally accepted accounting practices as evidenced by the lack of finding of noncompliance in audits or review conducted at the authority <i>Progress: 2011 audit by HUD had no accounting findings</i></li> <li>i. Shall maintain its operating reserves at or above \$400,000 between now and 12/31/2014. <i>Progress: Reserve is above \$400,000.00</i></li> <li>j. Shall reduce its dependence on HUD by raising \$60,000 from non HUD sources by 12/31/2014 <i>Progress: Non HUD resources: Media Towers on High Rise building generates income; rents from privately owned properties generates income</i></li> <li>k. Shall concentrate its management functions to attain and maintain high performer status in both its public housing and section 8 programs <i>Progress: High Performer Status maintained through 2011.</i></li> </ul>

(b)	<ul style="list-style-type: none"> <li>• <i>MHA considers the following to be significant amendments or modifications:</i> <ol style="list-style-type: none"> <li>1. <i>Changes to rent or admissions policies or organization of the waiting list, other than those to further MHA and HUD Goals.</i></li> <li>2. <i>Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; except items that are incidental to previously approved work items.</i></li> <li>3. <i>And, any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</i></li> </ol> </li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p><b><u>All of the above sent electronically in a separate file: TN065av1.</u></b></p> <p><b><u>Items below are included in this file.</u></b></p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

*INDICATE WHETHER THIS SUBMISSION IS FOR AN ANNUAL AND FIVE YEAR PLAN, ANNUAL PLAN ONLY, OR 5-YEAR PLAN ONLY.*

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

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

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

maintaining waiting lists for admission to public housing and address any site-based waiting lists.

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

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

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

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

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

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

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

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

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

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

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

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

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

- 8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>
- 9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- 9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- 10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:
- (a) Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
  - (b) Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**
  - (c)** PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**
- 11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.
- (a)** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
  - (b)** Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
  - (c)** Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
  - (d)** Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
  - (e)** Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
  - (f)** Resident Advisory Board (RAB) comments.
  - (g)** Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
  - (h)** Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
  - (i)** Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**List of Attachments: Included in this file.**

- Attachment 1 - Pet Policy
- Attachment 2 - RAB Comments; Challenged Elements
- Attachment 3 – VAWA Policy
- Attachment 4 - Form HUD- 50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report.
- Attachment 5 - Form HUD-50072, Capital Fund Program Five-Year Action Plan.

**Certifications: electronically sent separately – TN065av6 – TN065av11**

- *Attachment 6: Form HUD – 50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations.*
  - *Attachment 7: Form HUD – 50070, Certification for a Drug Free Workplace.*
  - *Attachment 8: Form HUD -50071, Certification of Payments to Influence Federal Transactions.*
  - *Attachment 9: Form SF-LLL Disclosure of Lobbying Activities. Form SF – LLL Disclosure of Lobbying Activities continuation Sheet.*
  - *Attachment 10: Form HUD - 50077CR, Civil Rights Certification*
  - *Attachment 11: Form HUD – 50077SL, Certification of consistency with Consolidated Plan*
-

# PET POLICY

## MARYVILLE HOUSING AUTHORITY

It is the policy of the Maryville Housing Authority to allow residents of its communities to have pets in their dwelling units subject to certain provisions and rules. In an effort to provide decent, safe and sanitary housing as mandated by the Department of Housing and Urban Development, rules have been promulgated to maintain the mission of the Authority.

This pet policy will be a part of the MHA public housing lease by reference and noncompliance with that section of the lease will subject the resident to eviction.

The following rules apply to all residents:

A \$100 non-refundable pet fee will be assessed to each resident keeping a pet on the premises. The authority shall use the fee to offset cost attributable to the presence of the pet in the apartment, including (but not limited to) the cost of repairs and replacements to, and fumigation of, the dwelling unit.

Pet sitting and pets not owned by residents are prohibited. Families who allow unauthorized pets on MHA property will face eviction.

Only one (1) pet per apartment will be allowed with the exception of:

Birds – two (2) will be allowed as one pet per unit and the fee will be charged.

Fish – a one (1) gallon bowl containing an appropriate number of fish will be allowed without a fee, however multiple bowls or an aquarium will be considered a pet and the fee will be charged.

The family pet must remain in the dwelling unit. No houses, cages or other animal habitats will be located outside the unit.

Pets must be inoculated in accordance with State and Local laws with proof of inoculation provided to the authority. The pet (other than birds or fish) must have a collar with the current inoculation tag on the collar. It is recommended that a tag with the address of the owner be placed on the collar also. Any animal without a collar will be picked up by animal control.

The City or Maryville requires a pet license for dogs and cats. This must be acquired before registering the pet with the housing authority and **before** it is brought onto the housing authority premises, the resident must provide a current photograph of the pet.

The registration must be updated each year during the annual recertification of income. MHA reserves the right to refuse to register a pet if it does not meet the criteria specified elsewhere in this policy. The resident will be notified if a pet is refused and the basis of the action.

**NO EXOTIC ANIMALS OR REPTILES WILL BE ALLOWED.**

As defined by the Animal control Division of the City of Maryville and MHA, the pet will be a common, domesticated household pet traditionally kept in the home for pleasure and not commercial purposes. Examples of common pets are: dogs, cats, birds, small rodents and fish.

No exotic animals or reptiles will be allowed.

Pets **(cats and dogs) must be spayed or neutered before they are six months old** and verification must be furnished to MHA.

**The pet can weigh no more than 30 pounds when full grown.** Dog Breeds that are commonly considered to be vicious will not be allowed. Examples are Pitt Bulls, Doberman Pinchers, Chow, Rottweiler, Bull Mastiff and the Akita.

Pets that show vicious behavior must be removed from the household if instructed to do so by the Housing Authority or other City officials. Families who allow vicious animals to remain in their unit will face eviction.

Pet owners may exercise their pets and/or deposit pet waste only in designated areas. Garbage chutes at Broadway Towers may not be used for disposal of pet waste or litter.

The name and phone number of an alternate caregiver for the pet must be provided to MHA in case of an emergency. In the absence of a caregiver or if the caregiver cannot be contacted, the pet will be removed by the Animal Control Division of the City of Maryville. Any attributable cost will be borne by the resident.

The pet owner assumes complete responsibility for the behavior and conduct of his or her pet and for any damages to property or injuries to persons caused by the pet. The authority maintenance staff must have access to the unit to perform routine maintenance and inspections and will not be responsible for containment of pets while in the unit.

Resident must agree to: provide adequate veterinary care, provide adequate food and water; not leave pets unattended for an undue period of time, maintain pets in a clean manner, and provide MHA with the name and phone number to call should the resident become incapacitated.

\*\*These rules do not apply to animals that are used to assist the handicapped. Assistance animals do not have to be trained as an assistance animal.

At the time of registration, the resident will be provided a pet sticker to be displayed outside the apartment, as determined by MHA. The visibility of this sticker will alert maintenance personnel of a pet in the unit. If pets are found in apartments not displaying the stickers, the family will at a minimum be required to comply with this policy or to remove the pet and/or face eviction from the unit.

**Violations of the pet regulations should be reported to the main office or call 983-4958**

Approved by Board - 8/2008

## ***Attachment 2 – RAB Comments***

### Maryville Housing Authority Resident Meetings for Input in 2012 Annual Plan

July 6, 2011 9:00am Broadway Towers ~ 10:00am East Park ~ 11:00am Parkside

Resident Meetings were held at 3 locations with RAB representatives to receive resident input on the housing authority's 2012 Annual Plan. 27 residents were present at Broadway Towers, 2 were present at East Park and 2 were in attendance at Parkside. RAB Representatives: Broadway Towers: Wilma Eubanks; McGhee Terrace: Ellen Patrick; Parkside: Pat Johnson; East Park: vacant

Ms. Baker explained the housing authority's annual plan process with an update on completed items in the five year plan.

#### **Broadway Towers**

- Issues of reported water leaks through exterior walls in one section of BT during heavy rain.
- Residents at BT inquired about improved security measures to keep the building more secure after business hours and on weekends
- A resident wanted to know if additional parking could be made available
- A resident requested that the housing authority make it mandatory for all apartments be treated once a month for pests.
- A resident requested that MHA install a large commercial washer in the laundry room that can handle comforters and sheets and a change machine that would take larger bills.
  - Overall residents were very happy with the facilities at Broadway Towers. Other questions were asked that dealt with specific maintenance issues and questions not related to input in the Annual Plan

#### **East Park**

Only two residents showed up. Both were relatively new residents and did not know much about the Annual Plan Process. Ms. Baker took time to explain how the process worked and that residents who live in each of our developments have an opportunity to provide input on our plan. Residents stated they were happy with their apartment and liked their neighbors.

#### **Parkside**

- Requested consideration in sidewalk improvements that allow better wheelchair access to get around the development better
- Would like to see parking lot improvements with new striping and parking spaces for residents that guests cannot use
  - Residents stated they were very satisfied with their homes and surroundings; felt safe; and thought maintenance did a good job in making any repairs they need.

#### ***Challenged Elements:***

***NO elements of the plan were changed based on RAB comments.***

### ***Attachment 3 – VAWA Policy***

#### **VAWA Policy**

In accordance with the Violence Against Women and Department of Justice Reauthorization Act of 2005, The Maryville Housing Authority in an effort to help child and adult victims of domestic violence, dating violence, sexual assault or stalking to obtain or maintain housing has, as of 10/01/2008 implemented the following :

1. Prominently displays posters informing applicants and participants of the provisions of the VAWA Act. A copy of the poster is attached.
2. Provides applicants and participants with the VAWA Certification form(s) at the eligibility interview and annual recertification interviews. Copies of the Certifications are attached.
3. The certification form is kept in the applicant/participants file should it be required for use in a denial of assistance review, eviction proceeding or termination of assistance proceeding as a basis to modify standard operating procedures in favor of the applicant or participant in obtaining or maintaining housing.
4. Inform Section 8 Landlords of the provisions of the VAWA Act of 2005.

**Attachment 4 – Form HUD – 50075.1, capital Fund Program Annual Statement/ Performance and Evaluation Report**

Expires 8/31/2011

<b>Part I: Summary</b>					
<b>PHA Name: Maryville Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>
<b>Type of Grant</b> <input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	37,544	38,244	38,244	38,243.81
4	1410 Administration (may not exceed 10% of line 21)	53,900	53,900	53,900	53,900.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000	3,000	3,000	3,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	115,478	111,173	111,173	111,172.44
10	1460 Dwelling Structures	298,984	302,589	302,589	302,589.40
11	1465.1 Dwelling Equipment—Nonexpendable	6,570	6,570	6,570	6,570.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	23,758	23,758	23,758	23,758.35
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

**Expires 08/31/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Maryville Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No:TN37P065501-08 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>			
<b>Type of Grant</b>					
<input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	539,234	539,234	539,234	539,234
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	22,986	23,686	23,686	23,686.13
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Maryville Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Vista Worker	1408	2	14,424	14,424	14,424	14,424.00	Complete
	Police Contract	1408	LS	22,986	22,986	23,686	23,686.13	Complete
	Resident Initiatives	1408	LS	134	134	134	133.68	Complete
	Management Fees	1410	LS	53,900	53,900	53,900	53,900.00	Complete
	A & E	1430	LS	3,000	3,000	3,000	3,000.00	Complete
	Automobile Equipment	1475	LS	10,998	10,998	10,998	10,998.00	Complete
	Maintenance Equipment	1475	LS	6,213	6,213	6,213	6,213.52	Complete
	Washer & Dryer	1475	LS	6,547	6,547	6,547	6,546.83	Complete
TN65-1	Replace Sidewalks	1450	LS	62,248	57,942	57,942	57,942.37	Complete
Parkside	Install Landscaping	1450	LS	45,346	45,346	45,346	45,345.42	Complete
	Paint Interiors	1460	25	4,033	4,033	4,033	4,032.94	Complete
	Electrical Rehab	1460	25	5,997	5,997	5,997	5,997.34	Complete
	Renovate Baths	1460	25	8,165	8,165	8,165	8,165.18	Complete
	Replace Roofs	1460	25	57,733	61,338	61,338	61,337.91	Complete
	Rep.Kit. Cabinets/Sinks/Hoods	1460	10	38,630	38,630	38,630	38,630.22	Complete
	Replace Interior Plumbing	1460	25	19,993	19,993	19,993	19,992.89	Complete
	Replace Floor/Tile Baseboard	1460	25	11,613	11,613	11,613	11,612.83	Complete
	Replace Interior Door	1460	25	8,163	8,163	8,163	8,163.16	Complete

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Maryville Housing Authority					<b>Federal FFY of Grant: 2008</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	6/30/10	9/30/09	6/30/12	12/31/10	
TN65-1 Parkside	6/30/10	9/30/09	6/30/12	12/31/10	
TN65-1 East Park	6/30/10	9/30/09	6/30/12	9/30/09	
TN65-1 Broadway Towers	6/30/10	12/31/09	6/30/12	12/31/09	

<sup>1</sup> 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.



Expires 8/31/2011

<b>Part I: Summary</b>		
<b>PHA Name: Maryville Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	45,000	34,028	34,028	34,028.22
4	1410 Administration (may not exceed 10% of line 21)	57,200	57,200	57,200	57,200.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	9,319	9,319	9,319.07
8	1440 Site Acquisition				
9	1450 Site Improvement	34,929	189,182	189,182	189,182.16
10	1460 Dwelling Structures	425,000	261,049	261,049	261,048.37
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	0	21,351	21,351	21,351.18
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226

**Expires 08/31/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Maryville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>					
<input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	572,129	572,129	572,129	572,129.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	15,000	15,200	15,200	15,200.00
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Maryville Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Vista Worker	1408	LS	15,000	0	0	0	Deleted
	Police Contract	1408	LS	15,000	15,200	15,200	15,200.00	Complete
	Resident Initiative Activities	1408	LS	10,000	0	0	0	Deleted
	Computer Software	1408	LS	5,000	18,828	18,828	18,828.22	Complete
	Management Fees	1410	LS	57,000	57,200	57,200	57,200.00	Complete
	Advertising	1410	LS	200	0	0	0	Deleted
TN65-1	A&E	1430	LS	10,000	9,319	9,319	9,319.07	Complete
	Replace/Repair Sidewalks	1450	LS	34,929	108,372	108,372	108,372.10	Complete
	Repair Underground Utilities	1450	LS	0	30,601	30,601	30,601.02	Complete
	Install Landscaping	1450	LS	0	8,975	8,975	8,975.12	Complete
	Install Bus Shelter	1450	LS	0	26,123	26,123	26,123.20	Complete
	Install Bridge/Sidewalk	1450	LS	0	15,111	15,111	15,110.72	Complete
	Caulk/waterproof Hi-Rise	1460	150	23,000	42,464	42,464	42,463.94	Complete
	Replace Roof	1460	125	85,000	147,006	147,006	147,006.08	Complete
	HVAC	1460	150	267,000	42,000	42,000	42,000.00	Complete
	Fire Alarm System	1460	150	30,000	26,912	26,912	26,911.50	Complete
	Security Systems	1460	150	0	2,667	2,667	2,666.85	Complete
	Computer Hardware	1475	LS	0	21,351	21,351	21,351.18	Complete

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Maryville Housing Authority					<b>Federal FFY of Grant: 2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/30/11	6/30/11	9/30/13	6/30/11	
TN65-1	9/30/11	6/30/11	9/30/13	6/30/11	

<sup>1</sup> 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.



Expires 8/31/2011

<b>Part I: Summary</b>		
<b>PHA Name: Maryville Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37S065501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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				
8	1440 Site Acquisition				
9	1450 Site Improvement	682,563	682,563	682,563	682,563.00
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

**Expires 08/31/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Maryville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37S065501-09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>					
<input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	682,563	682,563	682,563	682,563.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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









<b>Part I: Summary</b>	
<b>PHA Name: Maryville Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-10 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	40,000	40,000	15,000	1,400.00
4	1410 Administration (may not exceed 10% of line 21)	56,700	56,700		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	10,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000	15,000	15,000	7,349.41
10	1460 Dwelling Structures	433,272	43,272	178,272	13,908.20
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	7,500	7,500		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

**Expires 08/31/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Maryville Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	567,472	567,472	208,272	22,657.61
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	15,000	15,000	15,000	1,400.00
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

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

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Maryville Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA – Wide	VISTA Worker	1408	LS	15,000	15,000			In Progress
	Police Contract	1408	LS	15,000	15,000	15,000	1,400.00	In progress
	Resident Initiative Activities	1408	LS	5,000	5,000			In progress
	Computer Software	1408	LS	5,000	5,000			In progress
	Management Fee	1410	LS	56,000	56,000			In progress
	Adverting	1410	LS	700	700			In progress
TN65-001	A&E	1430	LS	10,000	10,000			
	Replace Repair Sidewalks	1450	LS	15,000	15,000	15,000	7,349.41	In progress
	Replace Roof	1460	150	270,000	255,000			In progress
	Seal Bricks/Caulk	1460	150	163,272	163,272	163,272	3,124.05	In progress
	Repair Security System	1460	150	0	15,000	15,000	10,784.15	In progress
	Replace Computer Hardware	1475	LS	7,500	7,500			In Progress

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

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Maryville Housing Authority					<b>Federal FFY of Grant: 2010</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/30/2012		9/30/2014		
TN65-001	9/30/2012		9/30/2014		

<sup>1</sup> 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.



Expires 8/31/2011

<b>Part I: Summary</b>						
<b>PHA Name: Maryville Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-11 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements	40,000	40,000			
4	1410 Administration (may not exceed 10% of line 21)	50,300	50,300			
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	10,000	10,000			
8	1440 Site Acquisition					
9	1450 Site Improvement	55,000	55,000			
10	1460 Dwelling Structures	295,254	295,254			
11	1465.1 Dwelling Equipment—Nonexpendable	45,000	45,000			
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	7,500	7,500			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

**Expires 08/31/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Maryville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-11 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	503,054	503,054		
20	Amount of Annual Grant:: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	15,000	15,000		
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

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

<b>Part II: Supporting Pages</b>								
PHA Name: Maryville Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Vista Worker	1408	LS	10,000	10,000			
	Police Contract	1408	LS	15,000	15,000			
	Resident Initiative Activities	1408	LS	5,000	5,000			
	Computer Software	1408	LS	10,000	10,000			
	Management Fee	1410	LS	50,300	50,300			
	Adverting	1410	LS	0	0			
TN65-001	A&E Fees	1430	LS	10,000	10,000			
	Landscaping/Water Draining	1450	LS	5,000	5,000			
	Curbs/Paving/Restriping	1450	LS	50,000	50,000			
	Construct Porches/Facades	1460	150	200,254	200,254			
	Repair/Replace Handrails	1460	150	25,000	25,000			
	Interior Plumbing Repair	1460	25	30,000	30,000			
	Brick Replacement/Waterproofing	1460	150	25,000	25,000			
	Replace Windows	1460	150	15,000	15,000			
	Ranges/Refrigerators	1465	150	40,000	40,000			
	Replace Water Heater	1465	25	5,000	5,000			
	Construct Bus Shelter	1470	LS	0	0			
	Computer Hardware	1475	LS	7,500	7,500			

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

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







Expires 8/31/2011

<b>Part I: Summary</b>					
<b>PHA Name: Maryville Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-12 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	40,000			
4	1410 Administration (may not exceed 10% of line 21)	50,300			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000			
10	1460 Dwelling Structures	322,754			
11	1465.1 Dwelling Equipment—Nonexpendable	10,000			
12	1470 Non-dwelling Structures	15,000			
13	1475 Non-dwelling Equipment	10,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

**Expires 08/31/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Maryville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-12 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	503,054			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	15,000			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

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

<b>Part II: Supporting Pages</b>								
PHA Name: Maryville Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN37P065501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2012</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	VISTA Worker	1408	LS	10,000				
	Police Contract	1408	LS	15,000				
	Resident Initiative Activities	1408	LS	5,000				
	Computer Software	1408	LS	10,000				
	Management Fee	1410	LS	50,300				
TN65-001	A&E Fees	1430	LS	10,000				
	Landscaping/Water Draining	1450	LS	10,000				
	Curbs/Paving/Restriping	1450	LS	35,000				
	Repair/Replace Handrails	1460	150	30,000				
	Interior Plumbing	1460	150	25,000				
	Replace Brick/Waterproofing	1460	150	30,000				
	Replace Windows	1460	150	20,000				
	Repair Roofing	1460	150	60,000				
	Construct Porches/Facades	1460	200	155,754				
	Ranges/Refrigerators	1465	150	10,000				
	Playground Equipment	1470	LS	15,000				
	Computer Hardware	1475	LS	10,000				

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

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







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

Expires 4/30/20011

**Attachment 5 - Form HUD - 50075.2 Capital Fund Program - Five Year Action Plan**

<i>Part I: Summary</i>						
PHA Name/Number Maryville HA TN-65		Maryville, Blount County, Tennessee			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _2012____	Work Statement for Year 2 FFY ____2013____	Work Statement for Year 3 FFY ____2014____	Work Statement for Year 4 FFY ____2015____	Work Statement for Year 5 FFY ____2016____
<b>B.</b>	Physical Improvements Subtotal	Annual Statement	360,254	360,254	360,254	360,254
C.	Management Improvements		45,000	45,000	45,000	45,000
D.	PHA-Wide Non-dwelling Structures and Equipment		37,500	37,500	37,500	37,500
<b>E.</b>	<b>Administration</b>		50,300	50,300	50,300	50,300
F.	Other					
G.	Operations		10,000	10,000	10,000	10,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		503,054	503,054	503,054	503,054

<i>Part I: Summary (Continuation)</i>						
PHA Name/Number Maryville HA TN-65		Maryville, Blount County, Tennessee			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY_2012__ -	Work Statement for Year 2 FFY __2013__	Work Statement for Year 3 FFY __2014__	Work Statement for Year 4 FFY __2015__	Work Statement for Year 5 FFY __2016__
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year <u>2013</u> FFY <u>2013</u>			Work Statement for Year: <u>2014</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<i>See</i>	TN65-001			<i>TN65-001</i>		
<i>Annual</i>	Site Improvements	<b>LS</b>	63,254	Site Improvements	LS	70,000
<i>Statement</i>						
	Electrical Rehab	25	35,000	Electrical Rehab	25	35,000
	Bath Renovation	25	22,000	Bath Renovation	25	20,000
	Interior Plumbing	25	30,000	Interior Plumbing	25	30,000
	Kitchen Renovation	25	40,000	Kitchen Renovation	25	30,000
	Painting	25	25,000	Painting	25	15,000
	Floor Tile	25	15,000	Floor Tile	25	5,000
	Replace Interior Doors	25	10,000	Replace Interior Doors	25	10,000
	Replace Exterior Doors	10	5,000	Replace Exterior Doors	5	5,000
	Replace/Relocate Dumpsters	LS	15,000	Replace/Relocate Dumpsters	LS	10,000
	Buy/Construct Add. Housing	1	70,000	Replace Roofs	150	65,254
	Dwelling Equipment	LS	20,000	Dwelling Equipment	LS	25,000
	A&E	LS	10,000	Replace Windows	25	30,000
				A&E	LS	10,000

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

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

**Expires 4/30/20011**

	Subtotal of Estimated Cost	\$360,254	Subtotal of Estimated Cost	\$360,254
--	----------------------------	-----------	----------------------------	-----------







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

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

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2012, 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.

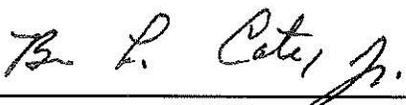
Maryville Housing Authority  
PHA Name

TN065  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years

Annual PHA Plan for Fiscal Years 2012

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

Name of Authorized Official	Title
Ben Cate	Board Chairman
Signature	Date
	10/12/2011

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Maryville Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing

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 Federalagency 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.

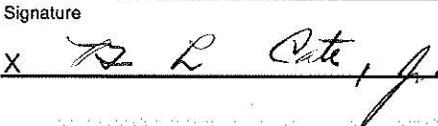
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each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

Parkside Development, including Broadway Towers, East Park and McGhee Terrace

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 Ben Cate Jr.		Title Board Chairman	
Signature 		Date 10/12/2011	

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Maryville Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing

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

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

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

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

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

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

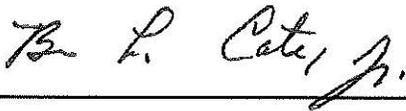
Name of Authorized Official

Ben Cate

Title

Board Chairman

Signature



Date (mm/dd/yyyy)

10/12/2011

## 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.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known :  <div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Maryville Housing Authority                      311 Atlantic Avenue                      Maryville, TN 37801                 </div> Congressional District, if known : 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known :	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known :</b>	<b>9. Award Amount, if known :</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u><i>Ben Cate, Jr.</i></u> Print Name: <u>Ben Cate, Jr.</u> Title: <u>Board Chairman</u> Telephone No.: <u>865-983-4958</u> Date: <u>10/12/2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**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**

NQ. 671

*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.

Maryville Housing Authority

TN065

\_\_\_\_\_  
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

Ben Cate, Jr.

Title

Board Chairman

Signature

*Ben L. Cate, Jr.*

Date 10/12/2011

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 Maryville 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