

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

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# PHA Plans

5 Year Plan for Fiscal Years 2010 - 2013

Annual Plan for Fiscal Year 2009

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Elizabethton Housing and Development Agency, Inc.

**PHA Number:** TN076

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2009

**PHA Programs Administered:**

**Public Housing and Section 8**   
  **Section 8 Only**   
  **Public Housing Only**  
 Number of public housing units: 326   
 Number of S8 units:   
 Number of public housing units:  
 Number of S8 units: 344

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

| Participating PHAs   | PHA Code | Program(s) Included in the Consortium | Programs Not in the Consortium | # of Units Each Program |
|----------------------|----------|---------------------------------------|--------------------------------|-------------------------|
| Participating PHA 1: |          |                                       |                                |                         |
| Participating PHA 2: |          |                                       |                                |                         |
| Participating PHA 3: |          |                                       |                                |                         |

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2009 - 2013**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is to provide drug free, decent, safe and sanitary housing for families and to provide opportunities, promote self-sufficiency and economic independence for our residents.

We plan to achieve our mission by respecting our residents and providing better service through highly trained, effective and efficient employees. We plan to jointly solve problems with our residents, community and government officials. We will apply all of our available resources to provide the best possible service to our public housing community. We continue to treat our residents with dignity and respect.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies: From 10 to less than 5 monthly.
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:

- Improve public housing management: (PHAS score) 98
  - Improve voucher management: (SEMAP score) 115
  - Increase customer satisfaction: Responding to every request and providing ample meeting dates; deliver welcome buckets to new move-in on home visits and visit those that have not paid their rent earlier in the month, to avoid legal action.
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units: using the Capital Fund Program
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below)
- PHA Goal: Increase assisted housing choices
- Objectives:
- Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords. Brochures, owner packets, and newspaper advertisement.
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

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

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

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

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families: grounds maintenance and maintenance positions; provide information on job opportunities.
- Provide or attract supportive services to improve assistance recipients' employability: continue to maintain computer lab.
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: through enforcement of Public Housing ACOP
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Public Housing ACOP
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Maintain handicap accessible units
- Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2009**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

- Standard Plan**  
 **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Our goals and objectives are outlined in the Five Year Plan, the ACOP and the Section 8 Administration Plan. All were developed to comply with HUD guidelines, rules, regulations and Federal law. Our basic goals and objectives are:

- 1) To increase the availability of decent, safe and affordable housing in Elizabethton, Tennessee.
- 2) The EHDA will ensure equal opportunity for housing for all Americans.
- 3) The EHDA will promote self-sufficiency and asset development for families and individuals.
- 4) The EHDA will take steps to help improve the quality of life and economic development in our community.

The EHDA plans to achieve our plan goals by maintaining our existing programs and establishing new programs. We do not anticipate deviating from the Five Year Plan.

Progress made – **Increased** the Public Housing Physical Inspection Score; decreased the Public Housing vacancy rate. Management staff maintains a visible presence in the Public Housing Community. We have strengthened management functions by visiting new residents and delivering a “Welcome Bucket”. **The Substation Police Officer accompanies us on these visits to improve citizen and police relations.** We continue to visit those residents that have not paid their rent to help them avoid lease termination, **increasing the frequency of the contacts.** **The Resident Services Department makes a courtesy call to remind residents to pay their rent before the late charge date. After that, the staff member will visit the home twice and make one more courtesy call, of those remaining residents that are delinquent with their rent.** We continue to require any resident that receives a detainer warrant to attend a financial/household budgeting class.

**Change to the Public Housing Housekeeping Policy was made to better serve residents. As part of the Informal Settlement and in lieu of a lease termination, the resident will be required to participate and cooperate with the Resident Services Department. The Resident Services Department will conduct an**

**assessment of the household's finances, skills and restrictions to determine what referral(s) to make to best serve the resident.**

This plan is written after the consultation and guidance issued by HUD, residents of the public housing community and the approval of the EHDA Board of Commissioners.



### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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#### **Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SERRATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- a. Admissions Policy for Deconcentration
- g. FY 2009 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- e. List of Resident Advisory Board Members
- e. List of Resident Board Member
- l. Community Service Description of Implementation
- k. Information on Pet Policy

- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

Optional Attachments:

- b. PHA Management Organizational Chart
- g. 2009 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - c. Progress of Missions and Goals
  - d. Substantial Deviation
  - f. Voluntary Conversion
  - h. P&E Report Capital Fund Program TN37P07650106
  - i. P&E Report Capital Fund Program TN37P07650107
  - j. P&E Report Capital Fund Program TN37P07650108

**Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| <b>List of Supporting Documents Available for Review</b> |   |  |
|--|---|--|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                             |
| X  | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations  | 5 Year and Annual Plans                                      |
| X  | State/Local Government Certification of Consistency with the Consolidated Plan  | 5 Year and Annual Plans                                      |
| X  | Fair Housing Documentation:<br>Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans                                      |
| X  | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction  | Annual Plan:<br>Housing Needs                                |
| X  | Most recent board-approved operating budget for the public housing program  | Annual Plan:<br>Financial Resources;                         |
| X  | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]  | Annual Plan: Eligibility, Selection, and Admissions Policies |

| <b>List of Supporting Documents Available for Review</b> |   |  |
|--|---|--|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                             |
| X  | Section 8 Administrative Plan   | Annual Plan: Eligibility, Selection, and Admissions Policies |
|  | Public Housing Deconcentration and Income Mixing Documentation:<br>1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and<br>2. Documentation of the required deconcentration and income mixing analysis | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X  | Public housing rent determination policies, including the methodology for setting public housing flat rents<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Rent Determination                              |
| X  | Schedule of flat rents offered at each public housing development<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Rent Determination                              |
| X  | Section 8 rent determination (payment standard) policies<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Rent Determination                              |
| X  | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)  | Annual Plan: Operations and Maintenance                      |
| X  | Public housing grievance procedures<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Grievance Procedures                            |
| X  | Section 8 informal review and hearing procedures<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Grievance Procedures                            |
| X  | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year  | Annual Plan: Capital Needs                                   |
|  | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant   | Annual Plan: Capital Needs                                   |
| X  | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)  | Annual Plan: Capital Needs                                   |
|  | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing   | Annual Plan: Capital Needs                                   |
|  | Approved or submitted applications for demolition and/or disposition of public housing  | Annual Plan: Demolition and Disposition                      |
|  | Approved or submitted applications for designation of public  | Annual Plan: Designation of                                  |

| <b>List of Supporting Documents Available for Review</b> |   |   |
|--|---|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                  |
|  | housing (Designated Housing Plans)  | Public Housing                                    |
|  | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act     | Annual Plan: Conversion of Public Housing         |
|  | Approved or submitted public housing homeownership programs/plans   | Annual Plan: Homeownership                        |
|  | Policies governing any Section 8 Homeownership program<br><input type="checkbox"/> check here if included in the Section 8 Administrative Plan  | Annual Plan: Homeownership                        |
| X  | Any cooperative agreement between the PHA and the TANF agency   | Annual Plan: Community Service & Self-Sufficiency |
|  | FSS Action Plan/s for public housing and/or Section 8   | Annual Plan: Community Service & Self-Sufficiency |
|  | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports  | Annual Plan: Community Service & Self-Sufficiency |
|  | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)                       | Annual Plan: Safety and Crime Prevention          |
| X  | The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit                         |
|  | Troubled PHAs: MOA/Recovery Plan  | Troubled PHAs                                     |
|  | Other supporting documents (optional)<br>(list individually; use as many lines as necessary)  | (specify as needed)                               |
|  |   |   |

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

## A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Housing Needs of Families in the Jurisdiction<br>by Family Type |         |                |        |         |                |      |           |
|---|---------|----------------|--------|---------|----------------|------|-----------|
| Family Type   | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Income <= 30% of AMI  | 672     | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Income >30% but <=50% of AMI                                    | 161     | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Income >50% but <80% of AMI                                     | 26      | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Elderly   | 45      | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Families with Disabilities                                      | 212     | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Race/Ethnicity 1/2  | 831     | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Race/Ethnicity 2/2  | 27      | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Race/Ethnicity 1/1  | 1       | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |
| Race/Ethnicity 4/2  | n/a     | n/a            | n/a    | n/a     | n/a            | n/a  | n/a       |

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information) 4/1/07 – 3/31/08 Public Housing and Section 8 Waiting lists

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List  |               |                     |                 |
|--|---------------|---------------------|-----------------|
| Waiting list type: (select one)  |               |                     |                 |
| <input type="checkbox"/> Section 8 tenant-based assistance                                       |               |                     |                 |
| <input checked="" type="checkbox"/> Public Housing   |               |                     |                 |
| <input type="checkbox"/> Combined Section 8 and Public Housing                                   |               |                     |                 |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |               |                     |                 |
| If used, identify which development/subjurisdiction:   |               |                     |                 |
|  | # of families | % of total families | Annual Turnover |
| Waiting list total   | 475           |                     | 125             |
| Extremely low income <=30% AMI   | 384           | 80.84%              |                 |
| Very low income (>30% but <=50% AMI)   | 78            | 16.42%              |                 |
| Low income (>50% but <80% AMI)   | 13            | 2.74%               |                 |
| Families with children   | 287           | 60.42%              |                 |
| Elderly families   | 29            | 6.11%               |                 |
| Families with Disabilities   | 110           | 23.16%              |                 |
| Race/ethnicity 1/2   | 454           | 95.58%              |                 |
| Race/ethnicity 2/2   | 20            | 4.21%               |                 |
| Race/ethnicity 1/1   | 1             | .21%                |                 |
| Race/ethnicity 4/2   | n/a           |                     |                 |
| Characteristics by Bedroom Size (Public Housing Only) 0 BR                                       | 130           | 27.37%              | 26              |
| 1BR  | 38            | 8.00%               | 25              |
| 2 BR   | 165           | 34.74%              | 26              |
| 3 BR   | 124           | 26.11%              | 42              |
| 4 BR   | 15            | 3.16%               | 3               |
| 5 BR   | 3             | .63%                | 3               |

| Housing Needs of Families on the Waiting List   |     |     |  |
|---|-----|-----|--|
| 5+ BR   | N/A | N/A |  |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.   |     |     |  |
| If yes:   |     |     |  |
| How long has it been closed (# of months)? 5 months   |     |     |  |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes   |     |     |  |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes |     |     |  |
|   |     |     |  |
|   |     |     |  |

| Housing Needs of Families on the Waiting List  |               |                     |                 |
|--|---------------|---------------------|-----------------|
| Waiting list type: (select one)  |               |                     |                 |
| <input checked="" type="checkbox"/> Section 8 tenant-based assistance                            |               |                     |                 |
| <input type="checkbox"/> Public Housing  |               |                     |                 |
| <input type="checkbox"/> Combined Section 8 and Public Housing                                   |               |                     |                 |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |               |                     |                 |
| If used, identify which development/subjurisdiction:   |               |                     |                 |
|  | # of families | % of total families | Annual Turnover |
| Waiting list total   | 384           |                     | 156             |
| Extremely low income <=30% AMI   | 288           | 75%                 |                 |
| Very low income (>30% but <=50% AMI)   | 83            | 21.61%              |                 |
| Low income (>50% but <80% AMI)   | 13            | 3.39%               |                 |
| Families with children   | 246           | 64.06%              |                 |
| Elderly families   | 16            | 4.17%               |                 |
| Families with Disabilities   | 102           | 26.56%              |                 |
| Race/ethnicity <sup>1/2</sup>  | 377           | 98.18%              |                 |
| Race/ethnicity <sup>2/2</sup>  | 7             | 1.82%               |                 |
| Race/ethnicity <sup>4/1</sup>  | N/A           | N/A                 |                 |
|  |               |                     |                 |
|  |               |                     |                 |
| Characteristics by   |               |                     |                 |

| <b>Housing Needs of Families on the Waiting List</b>  |     |        |     |
|---|-----|--------|-----|
| Bedroom Size (Section 8)  |     |        |     |
| 1BR   | 125 | 32.55% | 40  |
| 2 BR  | 163 | 42.45% | 96  |
| 3 BR  | 89  | 23.18% | 20  |
| 4 BR  | 7   | 1.82%  | 0   |
| 5 BR  | N/A | N/A    | N/A |
| 5+ BR   | N/A | N/A    | N/A |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |     |        |     |
| If yes:   |     |        |     |
| How long has it been closed (# of months)?  |     |        |     |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes   |     |        |     |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes |     |        |     |

### **C. Strategy for Addressing 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**, and the Agency's reasons for choosing this strategy.

#### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program



- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly

- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints

- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                              |                   |                     |
|---|-------------------|---------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b> |
| <b>1. Federal Grants (FY 2009 grants)</b>   |                   |                     |
| a) Public Housing Operating Fund  | \$807,888.00      |                     |
| b) Public Housing Capital Fund  | \$472,177.00      |                     |
| c) HOPE VI Revitalization   | N/A               |                     |
| d) HOPE VI Demolition   | N/A               |                     |
| e) Annual Contributions for Section 8 Tenant-Based Assistance                         | \$876,607.00      |                     |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | N/A               |                     |
| g) Resident Opportunity and Self-Sufficiency Grants                                   | N/A               |                     |
| h) Community Development Block Grant  | N/A               |                     |
| i) HOME   | N/A               |                     |
| Other Federal Grants (list below)   |                   |                     |
|   |                   |                     |

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                          |                   |                      |
|---|-------------------|----------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b>  |
| <b>2. Prior Year Federal Grants<br/>(unobligated funds only) (list<br/>below)</b> |                   |                      |
| CFP TN37P07650107   | \$444,677.00      | Capital improvements |
| CFP TN37P07650106   | \$ 88,132.00      | Capital improvements |
|   |                   |                      |
| <b>3. Public Housing Dwelling Rental<br/>Income</b>                               | \$600,000.00      | PH operations        |
|   |                   |                      |
|   |                   |                      |
| <b>4. Other income (list below)</b>   |                   |                      |
| Sales/service, court costs, late fees   | \$ 28,300.00      | PH operations        |
| Excess Utilities  | \$ 22,700.00      | PH operations        |
| <b>4. Non-federal sources (list below)</b>  |                   |                      |
|   |                   |                      |
|   |                   |                      |
|   |                   |                      |
| <b>Total resources</b>  | \$3,340,481.00    |                      |
|   |                   |                      |
|   |                   |                      |

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time: At time of offer, before admission)
- Other: (describe: initially, at the time of application for admission)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe: credit history if the applicant has no rental history)

- c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

- b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below)

- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices

- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)  
Public Housing offers to elderly applicants before single applicants.

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction

- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)  
Public Housing offers to elderly applicants before single applicants.

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

**(6) Deconcentration and Income Mixing** (see attachment "A")

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?



c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site based waiting lists  
If selected, list targeted developments below:
- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other (describe below)

### (2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation\*
  - Federal project-based certificate program
  - Other federal or local program (list below)

\*We maintain one waiting list for the Housing Choice Voucher Program and one waiting list for Housing Choice Voucher and Federal Moderate Rehab merged.

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office  
 Other (list below)

**(3) Search Time**

a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

When housing market has limited available units or tenant has trouble finding a unit that will pass HQS and to provide reasonable accommodation for a household to find handicap accessible housing.

**(4) Admissions Preferences**

a. Income targeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
 Victims of domestic violence  
 Substandard housing  
 Homelessness  
 High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
- Other (list below)

Related agencies such as Department of Human Services, Red Cross and the Health Department; also on the local cable television channel for community announcements.

### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

**(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- For household heads  
 For other family members  
 For transportation expenses  
 For the non-reimbursed medical expenses of non-disabled or non-elderly families  
 Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income)  
(select one)

- Yes for all developments  
 Yes but only for some developments  
 No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments  
 For all general occupancy developments (not elderly or disabled or elderly only)  
 For specified general occupancy developments  
 For certain parts of developments; e.g., the high-rise portion  
 For certain size units; e.g., larger bedroom sizes  
 Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study  
 Fair market rents (FMR)  
 95<sup>th</sup> percentile rents  
 75 percent of operating costs  
 100 percent of operating costs for general occupancy (family) developments  
 Operating costs plus debt service  
 The "rental value" of the unit  
 Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below)

Within ten (10) days of the change.

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR



Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

| <b>Program Name</b>   | <b>Units or Families Served at Year Beginning</b> | <b>Expected Turnover</b> |
|---|---|--------------------------|
| Public Housing  | 326   | 125                      |
| Section 8 Vouchers  | 215   | 72                       |
| Section 8 Certificates  | n/a   | n/a                      |
| Section 8 Mod Rehab   | 129   | 84                       |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | n/a   | n/a                      |
| Public Housing Drug Elimination Program (PHDEP)                     | n/a   | n/a                      |
|   |   |                          |
|   |   |                          |
| Other Federal Programs(list individually)                           |   |                          |
|   |   |                          |
|   |   |                          |

### **C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of

pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)  
EHDA Public Housing Admissions and Continued Occupancy Policy  
EHDA Maintenance Manual
- (2) Section 8 Management: (list below)  
EHDA Section 8 Administrative Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
  - PHA main administrative office
  - PHA development management offices
  - Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
  - PHA main administrative office
  - Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name: Attachment "G")

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name: Attachment "G")

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

- Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

- Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

| <b>Demolition/Disposition Activity Description</b>                             |  |
|--|--|
| 1a. Development name:  |  |
| 1b. Development (project) number:  |  |
| 2. Activity type: Demolition <input type="checkbox"/>                          |  |
| Disposition <input type="checkbox"/>   |  |
| 3. Application status (select one)   |  |
| Approved <input type="checkbox"/>  |  |
| Submitted, pending approval <input type="checkbox"/>                           |  |
| Planned application <input type="checkbox"/>                                   |  |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) |  |
| 5. Number of units affected:   |  |
| 6. Coverage of action (select one)   |  |
| <input type="checkbox"/> Part of the development                               |  |
| <input type="checkbox"/> Total development                                     |  |
| 7. Timeline for activity:  |  |
| a. Actual or projected start date of activity:                                 |  |
| b. Projected end date of activity:   |  |

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs

completing streamlined submissions may skip to component 10.)

**2. Activity Description**

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

| <b>Designation of Public Housing Activity Description</b>                                  |  |
|--|--|
| 1a. Development name:  |  |
| 1b. Development (project) number:  |  |
| 2. Designation type:   |  |
| Occupancy by only the elderly <input type="checkbox"/>                                     |  |
| Occupancy by families with disabilities <input type="checkbox"/>                           |  |
| Occupancy by only elderly families and families with disabilities <input type="checkbox"/> |  |
| 3. Application status (select one)   |  |
| Approved; included in the PHA’s Designation Plan <input type="checkbox"/>                  |  |
| Submitted, pending approval <input type="checkbox"/>                                       |  |
| Planned application <input type="checkbox"/>   |  |
| 4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u> |  |
| 5. If approved, will this designation constitute a (select one)                            |  |
| <input type="checkbox"/> New Designation Plan  |  |
| <input type="checkbox"/> Revision of a previously-approved Designation Plan?               |  |
| 6. Number of units affected:   |  |
| 7. Coverage of action (select one)   |  |
| <input type="checkbox"/> Part of the development   |  |
| <input type="checkbox"/> Total development   |  |

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

| <b>Conversion of Public Housing Activity Description</b>   |  |
|--|--|
| 1a. Development name:  |  |
| 1b. Development (project) number:  |  |
| 2. What is the status of the required assessment?  | <input type="checkbox"/> Assessment underway<br><input type="checkbox"/> Assessment results submitted to HUD<br><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)<br><input type="checkbox"/> Other (explain below)  |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.) |  |
| 4. Status of Conversion Plan (select the statement that best describes the current status)   | <input type="checkbox"/> Conversion Plan in development<br><input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY)<br><input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)<br><input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway  |
| 5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)                          | <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: )<br><input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: )<br><input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )<br><input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent<br><input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units<br><input type="checkbox"/> Other: (describe below) |

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**



## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

#### 2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

| <b>Public Housing Homeownership Activity Description<br/>(Complete one for each development affected)</b>  |
|--|
| 1a. Development name:<br>1b. Development (project) number:   |
| 2. Federal Program authority:<br><input type="checkbox"/> HOPE I<br><input type="checkbox"/> 5(h)<br><input type="checkbox"/> Turnkey III<br><input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)           |
| 3. Application status: (select one)<br><input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program<br><input type="checkbox"/> Submitted, pending approval<br><input type="checkbox"/> Planned application |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission:<br>(DD/MM/YYYY)   |
| 5. Number of units affected:<br>6. Coverage of action: (select one)<br><input type="checkbox"/> Part of the development<br><input type="checkbox"/> Total development  |

## B. Section 8 Tenant Based Assistance

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants

#### b. PHA-established eligibility criteria

- Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### A. PHA Coordination with the Welfare (TANF) Agency

#### 1. Cooperative agreements:

- Yes  No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 04/19/05

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

| <b>Services and Programs</b>                                       |                |  |  |   |
|--|----------------|--|--|---|
| Program Name & Description<br>(including location, if appropriate) | Estimated Size | Allocation Method<br>(waiting list/random selection/specific criteria/other) | Access<br>(development office / PHA main office / other provider name) | Eligibility<br>(public housing or section 8 participants or both) |
|  |                |  |  |   |
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**(2) Family Self Sufficiency program/s**

a. Participation Description

| <b>Family Self Sufficiency (FSS) Participation</b> |  |  |
|--|--|--|
| Program  | Required Number of Participants<br>(start of FY 2005 Estimate) | Actual Number of Participants<br>(As of: DD/MM/YY) |
| Public Housing                                     |  |  |
| Section 8  |  |  |

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.

- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents

(select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

2. Which developments are most affected? (list below)  
TN 76-1, Rolling Hills Estates

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

3. Which developments are most affected? (list below)  
TN 76-1, Rolling Hills Estates  
TN 76-2, South Hills Estates, Walnut/Hemlock Manor

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

### **18. Other Information**

[24 CFR Part 903.7 9 (r)]

#### **A. Resident Advisory Board Recommendations**

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

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

- Attached at Attachment (File name)
- Provided below:

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)  
No comments were received before or after the Public Hearing.

#### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)



### 3. Description of Resident Election Process

#### a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

Residents that serve on the Board of Commissioners are appointed by the Mayor of the City of Elizabethton; residents that serve on the RAB Board are volunteers.

#### b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

#### c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

### **C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

- Other: (list below)  
Self-assessment

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

- TN076a01 – Deconcentration Policy
- TN076b01 – Organizational Chart
- TN076c01 – Progress of Goals and Mission
- TN076d01 – Substantial Deviation
- TN076e01 – Resident Member and RAB
- TN076f01 – Voluntary Conversion
- TN076g01 – CFP TN37P07650109 Annual Statement/Five-Year Plan
- TN076h01 – CFP TN37P07650106 P/E Report
- TN076i01 – CFP TN37P07650107 P/E Report
- TN076j01 – CFP TN37P07650108 P/E Report
- TN076k01 – Pet Policy
- TN076l01 – Community Service Work Requirement Policy

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number      FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

| Line No. | Summary by Development Account                            | Total Estimated Cost |
|----------|---|----------------------|
| 1        | Total Non-CGP Funds                                       |                      |
| 2        | 1406 Operations   |                      |
| 3        | 1408 Management Improvements                              |                      |
| 4        | 1410 Administration                                       |                      |
| 5        | 1411 Audit  |                      |
| 6        | 1415 Liquidated Damages                                   |                      |
| 7        | 1430 Fees and Costs                                       |                      |
| 8        | 1440 Site Acquisition                                     |                      |
| 9        | 1450 Site Improvement                                     |                      |
| 10       | 1460 Dwelling Structures                                  |                      |
| 11       | 1465.1 Dwelling Equipment-Nonexpendable                   |                      |
| 12       | 1470 Nondwelling Structures                               |                      |
| 13       | 1475 Nondwelling Equipment                                |                      |
| 14       | 1485 Demolition   |                      |
| 15       | 1490 Replacement Reserve                                  |                      |
| 16       | 1492 Moving to Work Demonstration                         |                      |
| 17       | 1495.1 Relocation Costs                                   |                      |
| 18       | 1498 Mod Used for Development                             |                      |
| 19       | 1502 Contingency  |                      |
| 20       | <b>Amount of Annual Grant (Sum of lines 2-19)</b>         |                      |
| 21       | Amount of line 20 Related to LBP Activities               |                      |
| 22       | Amount of line 20 Related to Section 504 Compliance       |                      |
| 23       | Amount of line 20 Related to Security                     |                      |
| 24       | Amount of line 20 Related to Energy Conservation Measures |                      |

**Annual Statement  
Capital Fund Program (CFP) Part II: Supporting Table**

| Development<br>Number/Name<br>HA-Wide Activities | General Description of Major Work<br>Categories | Development<br>Account<br>Number | Total<br>Estimated<br>Cost |
|--|---|----------------------------------|----------------------------|
|  |   |                                  |                            |

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

| Development<br>Number/Name<br>HA-Wide Activities | All Funds Obligated<br>(Quarter Ending Date) | All Funds Expended<br>(Quarter Ending Date) |
|--|--|---|
|  |  |   |

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables                                     |   |                     |                            |                                     |
|--|---|---------------------|----------------------------|-------------------------------------|
| Development Number   | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |                                     |
|  |   |                     |                            |                                     |
| Description of Needed Physical Improvements or Management Improvements |   |                     | Estimated Cost             | Planned Start Date (HA Fiscal Year) |
|  |   |                     |                            |                                     |
| <b>Total estimated cost over next 5 years</b>                          |   |                     |                            |                                     |





**ATTACHMENT A**

**Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

**Deconcentration Policy for Covered Developments**

| Development Name                            | Number of Units | Explanation  |
|---|-----------------|--|
| South Hills Estates, Walnut & Hemlock Manor | 126             | The upper limit shall never be less than the income at which a family would be defined as extremely low income family under 24 CFR 5.603(b). |
|   |                 |  |

ELIZABETHTON HOUSING AND DEVELOPMENT AGENCY, INC.  
ORGANIZATIONAL CHART

**CITY OF ELIZABETHTON**  
Mayor Curt Alexander

**CITIZENS OF ELIZABETHTON**

**DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**

**PUBLIC HOUSING DEPARTMENT**  
*PUBLIC HOUSING MANAGER*  
*Susan D. Booher*

OCCUPANCY SPECIALIST  
Rick Whitman

RESIDENT SERVICES MANAGER  
Vanessa McQueen

HOUSING INSPECTOR  
Genna Price

ACCOUNT CLERK/CASHIER  
Cindy Blackburn

SECRETARY/RECEPTIONIST  
Lisa Byars

CHIEF FINANCIAL OFFICER  
MaryAnn Krell

ACCOUNTING ASSISTANT (P/T)  
Angie Crowe

PURCHASER/CLERK OF WORKS

**BOARD OF COMMISSIONERS**

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Vice Chairperson Bertha Davis  
Commissioner Stan Bailey  
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Commissioner Robert Lyons

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Mr. Kelly Geagley

**ASSISTANT EXECUTIVE  
DIRECTOR**  
Ms. Susan D. Booher

**SECTION 8 DEPARTMENT**

*SECTION 8 COORDINATOR*  
*Pam Norris*

HOUSING SPECIALIST  
Brenda Lyons

**MAINTENANCE DEPARTMENT**

*MAINTENANCE SUPERVISOR*  
*Richard Lyons*

MAINTENANCE MECHANIC A  
Stacy Bryan

MAINTENANCE MECHANIC A  
Bobby Vines

MAINTENANCE MECHANIC B  
Tim Morgan

MAINTENANCE MECHANIC B  
David Timbs

PART-TIME MAINTENANCE  
MECHANIC B  
Bobby Derr

PART-TIME MAINTENANCE  
MECHANIC B  
Jacob Blackburn

GROUNDS MAINTENANCE  
Three seasonal positions

## *Attachment C*

### **BRIEF STATEMENT OF PROGRESS IN MEETING THE 5-YEAR MISSION AND GOALS**

#### **MISSION**

The Elizabethton Housing & Development Agency's mission is to provide drug free, safe and sanitary housing for families and provide opportunities to promote self-sufficiency and economic independence.

The EHDA continues to enforce the One Strike and You're Out rule with effective applicant screening and strict lease enforcement. Crime tracking is more effective with the help of the Elizabethton Police Department Substation. The EHDA continues to conduct 30/90-Day Housekeeping Inspections. Strict housekeeping is enforced as well as the responsibility of the resident's obligations to report repairs. Any deficiencies are dealt with by conducting supervisory inspections, follow-up inspections, issuing lease terminations or making referrals.

The EHDA Public Housing Program has reduced its vacancies and increased its waiting list. We continue to visit those residents that have not paid their rent to help them avoid lease termination, increasing the frequency of the contacts. The Resident Services Department makes a courtesy call to remind residents to pay their rent before the late charge date. After that, the staff member will visit the home twice and make one more courtesy call, of those remaining residents that are delinquent with their rent. We continue to require any resident that receives a detainer warrant to attend a financial/household budgeting class.

Public Housing continues to lease a temporarily deprogrammed duplex to the Elizabethton Police Department Substation Officers and to the ETSU Community Partnership. These programs help to enhance security and self-sufficiency. The EHDA is no longer eligible for the Public Housing Drug Elimination Program. We funded the officer salary from an encumbrance (operating) fund. It will be necessary to seek out new grants, as this fund will diminish fast. We will enhance alcohol and drug prevention programs through funding from the Capital Fund Program.

## **GOALS**

The EHDA will continue with the current level of management and strive to improve the MASS and UPIS sub-indicators of the PHAS process, with an emphasis on resident satisfaction.

We carefully review the Resident Assessment Sub-System. In the past we have addressed resident concerns such as lack of parking. Additional parking was added, funded by the Capital Fund Program. Based on the most recent survey, we will try to implement improved lighting throughout our communities.

Public Housing continues to lease a temporarily deprogrammed duplex to the Elizabethton Police Department Substation Officers and to the ETSU Community Partnership. These programs help to enhance security and self-sufficiency. The EHDA is no longer eligible for the Public Housing Drug Elimination Program. We have maintained these two officers with funding from an encumbrance (operating) fund. With reduced funding, we are more aggressive in seeking grants and other funding sources for training and travel.

We will continue to make residents aware of the Earned Income Disallowance Program. We will encourage resident participation, which has helped promote self-sufficiency.

The EHDA continues to ensure fair and equal housing opportunities for all applicants.

## *Attachment D*

### **Substantial Deviation and Significant Amendment or Modification**

The Elizabethton Housing and Development Agency defines "Substantial Deviation" and "Significant Amendment or Modification" as:

1. Changes to rent or admissions policies or organization of the waiting list, except for those changes made to conform to HUD regulatory requirements.
2. 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 Program.
3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Any significant amendment or modification to the plan will require that the EHDA submit a revised PHA Plan, meeting the full public process requirements.

## *Attachment E*

### **Resident Membership of the PHA Governing Board**

The City of Elizabethton's Mayor Curt Alexander appointed Mr. Stan Bailey to the EHDA Board of Commissioners. His term began 10-11-07 and ends 10-11-12. He also appointed Mr. Robert Lyons to the EHDA Board of Commissioners. His term began 8-14-08 and ends 8-14-13.

### **Membership of the Resident Advisory Board or Boards**

The Elizabethton Housing Agency holds monthly Resident Meetings for Rolling Hills Estates (76-1) and South Hills Estates, Walnut/Hemlock Manor (76 2). A monthly newsletter is also distributed to residents. Volunteers for the Resident Advisory Board were recruited through the meetings and the monthly newsletter; they are as follows:

Ms. Shelby Palmer  
Ms. Sharon Gilbert  
Ms. Linda Carr  
Ms. Judy Coleman  
Ms. Cordia Nave  
Ms. Brenda Jenkins  
Ms. Sue Simonton  
Ms. Alice Ricketts  
Ms. Christine Anderson  
Mr. Danny Anderson  
Mr. Tim Grindstaff  
Mr. Jerome Harmon

***Attachment F***

**Component 10 (B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA's developments are subject to the Required Initial Assessments? ***Two***
  
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?  
***None***
  
- c. How many Assessments were conducted for the PHA's covered developments? ***Two***
  
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

| <b><i>Development Name</i></b> | <b><i>Number of Units</i></b> |
|--------------------------------|-------------------------------|
| <b><i>None</i></b>             |                               |
| <b><i>None</i></b>             |                               |

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessment:  
***Not applicable; assessment completed***

Attachment G **CAPITAL FUND PROGRAM TABLES**

| <b>Annual Statement/Performance and Evaluation Report</b>   |   |   |         |                   |                              |
|---|---|---|---------|-------------------|------------------------------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>  |   |   |         |                   |                              |
| PHA Name: Elizabethton Housing and Development Agency, Inc.   |   | Grant Type and Number<br>Capital Fund Program Grant No: TN37P07650109<br>Replacement Housing Factor Grant No: |         |                   | Federal FY of Grant:<br>2009 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |   |   |         |                   |                              |
| Line No.  | Summary by Development Account          | Total Estimated Cost  |         | Total Actual Cost |                              |
|   |   | Original  | Revised | Obligated         | Expended                     |
| 1   | Total non-CFP Funds                     |   |         |                   |                              |
| 2   | 1406 Operations                         | \$1,000.00  |         |                   |                              |
| 3   | 1408 Management Improvements Soft Costs | \$ 28,500.00  |         |                   |                              |
|   | Management Improvements Hard Costs      |   |         |                   |                              |
| 4   | 1410 Administration                     | \$3,000.00  |         |                   |                              |
| 5   | 1411 Audit                              |   |         |                   |                              |
| 6   | 1415 Liquidated Damages                 |   |         |                   |                              |
| 7   | 1430 Fees and Costs                     | \$ 20,000.00  |         |                   |                              |
| 8   | 1440 Site Acquisition                   |   |         |                   |                              |
| 9   | 1450 Site Improvement                   | \$ 32,000.00  |         |                   |                              |
| 10  | 1460 Dwelling Structures                | \$425,915.00  |         |                   |                              |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable |   |         |                   |                              |
| 12  | 1470 Nondwelling Structures             |   |         |                   |                              |
| 13  | 1475 Nondwelling Equipment              |   |         |                   |                              |
| 14  | 1485 Demolition                         |   |         |                   |                              |
| 15  | 1490 Replacement Reserve                |   |         |                   |                              |
| 16  | 1492 Moving to Work Demonstration       |   |         |                   |                              |
| 17  | 1495.1 Relocation Costs                 |   |         |                   |                              |
| 18  | 1499 Development Activities             |   |         |                   |                              |
| 19  | 1502 Contingency                        |   |         |                   |                              |



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

|  |  |                                     |
|--|--|-------------------------------------|
| <b>PHA Name:</b> Elizabethton Housing and Development Agency, Inc. | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TN37P07650109<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br>2009 |
|--|--|-------------------------------------|

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 No. | Summary by Development Account                            | Total Estimated Cost |  | Total Actual Cost |  |
|----------|---|----------------------|--|-------------------|--|
|          | Amount of Annual Grant: (sum of lines.....)               | \$510,415.00         |  |                   |  |
|          | Amount of line XX Related to LBP Activities               |                      |  |                   |  |
|          | Amount of line XX Related to Section 504 compliance       |                      |  |                   |  |
|          | Amount of line XX Related to Security –Soft Costs         |                      |  |                   |  |
|          | Amount of Line XX related to Security-- Hard Costs        |                      |  |                   |  |
|          | Amount of line XX Related to Energy Conservation Measures |                      |  |                   |  |
|          | Collateralization Expenses or Debt Service                |                      |  |                   |  |
|          |   |                      |  |                   |  |

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | Grant Type and Number<br>Capital Fund Program Grant No: TN37P07650109<br>Replacement Housing Factor Grant No: |                     |          |                      | Federal FY of Grant: 2009 |                   |  |                   |
|---|---|---|---------------------|----------|----------------------|---------------------------|-------------------|--|-------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | General Description of Major Work<br>Categories |   | Dev.<br>Acct<br>No. | Quantity | Total Estimated Cost |                           | Total Actual Cost |  | Status of<br>Work |
| HA Wide   | Operations                                      |   | 1406                |          | \$                   | 1,000.00                  |                   |  |                   |
| HA Wide   | Resident Services Staff                         |   | 1408                | 1        | \$                   | 27,500.00                 |                   |  |                   |
| HA Wide   | Law enforcement contract                        |   | 1408                |          | \$                   | 1,000.00                  |                   |  |                   |
| HA Wide   | Clerk of Works                                  |   | 1410                | 1        | \$                   | 3,000.00                  |                   |  |                   |
| HA Wide   | A/E   |   | 1430                | 1        | \$                   | 20,000.00                 |                   |  |                   |
| HA Wide   | Enclose and replace dumpsters                   |   | 1450                |          | \$                   | 2,000.00                  |                   |  |                   |
| HA Wide   | Termite Treatment                               |   | 1450                |          | \$                   | 30,000.00                 |                   |  |                   |
| HA Wide   | Kitchen renovations                             |   | 1460                |          | \$                   | 100,000.00                |                   |  |                   |
| HA Wide   | Vinyl Siding replacement                        |   | 1460                |          | \$                   | 50,000.00                 |                   |  |                   |
| HA Wide   | Illumination, electrical upgrade                |   | 1460                |          | \$                   | 195,915.00                |                   |  |                   |
| HA Wide   | Baseboard heater replacement                    |   | 1460                |          | \$                   | 60,000.00                 |                   |  |                   |
| HA Wide   | Bathroom renovations                            |   | 1460                |          | \$                   | 20,000.00                 |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |
|   |   |   |                     |          |                      |                           |                   |  |                   |

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | Grant Type and Number<br>Capital Fund Program No: TN37P07650109<br>Replacement Housing Factor No: |        |   |         | Federal FY of Grant: 2009 |                                  |
|---|---|---|--------|---|---------|---------------------------|----------------------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | All Fund Obligated<br>(Quarter Ending Date) |   |        | All Funds Expended<br>(Quarter Ending Date) |         |                           | Reasons for Revised Target Dates |
|   | Original                                    | Revised   | Actual | Original                                    | Revised | Actual                    |                                  |
| HA Wide   | 6/12/11                                     |   |        | 6/12/13                                     |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |
|   |   |   |        |   |         |                           |                                  |

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

| PHA Name Elizabethton Housing and Development Agency, Inc. |                  | <input checked="" type="checkbox"/> Original 5-Year Plan<br><input type="checkbox"/> Revision No: |  |  |  |
|--|------------------|---|--|--|--|
| Development Number/Name/HA-Wide                            | Year 1           | Work Statement for Year 2<br>FFY Grant: 2010<br>PHA FY: 2011                                      | Work Statement for Year 3<br>FFY Grant: 2011<br>PHA FY: 2012 | Work Statement for Year 4<br>FFY Grant: 2012<br>PHA FY: 2013 | Work Statement for Year 5<br>FFY Grant: 2013<br>PHA FY: 2014 |
| TN 76-1  | Annual Statement | \$0   | \$0  | \$0  | \$0  |
| TN 76-2  |                  | \$0   | \$0  | \$0  | \$0  |
| HA Wide  |                  | \$432,915.00  | \$445,915.00   | \$440,915.00   | \$ 75,000.00   |
| HA Wide 1406   |                  | \$ 1,000.00   | \$ 1,000.00  | \$ 1,000.00  | \$ 1,000.00  |
| HA Wide 1408   |                  | \$ 53,500.00  | \$ 40,500.00   | \$ 28,500.00   | \$ 28,500.00   |
| HA Wide 1410   |                  | \$ 3,000.00   | \$ 3,000.00  | \$ 3,000.00  | \$ 3,000.00  |
| HA Wide 1430   |                  | \$20,000.00   | \$20,000.00  | \$20,000.00  | \$ 20,000.00   |
| HA Wide 1465.1   |                  | \$0.00  | \$0.00   | \$0.00   | \$206,915.00   |
| HA Wide 1470   |                  | \$0.00  | \$0.00   | \$0.00   | \$176,000.00   |
| HA Wide 1475   |                  | \$0.00  | \$0.00   | \$ 17,000.00   | \$0.00   |
| Total CFP Funds (Est.)                                     |                  | \$510,415.00  | \$510,415.00   | \$510,415.00   | \$510,415.00   |
| Total Replacement Housing Factor Funds                     |                  |   |  |  |  |
|  |                  |   |  |  |  |

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

| Activities for Year 1 | Activities for Year :Two<br>FFY Grant: 2010<br>PHA FY: 2011 |   |              | Activities for Year: Three<br>FFY Grant: 2011<br>PHA FY: 2012 |   |              |
|-----------------------|---|---|--------------|---|---|--------------|
|                       | HA Wide   | Operations                                      | \$ 1,000.00  | HA Wide   | Operations                                      | \$ 1,000.00  |
|                       | HA Wide   | Resident Svc. Mgrs.                             | \$27,500.00  | HA Wide   | Resident Svc. Mgrs.                             | \$27,500.00  |
|                       | HA Wide   | Law enforcement contract (drug/alcohol program) | \$ 1,000.00  | HA Wide   | Law enforcement contract (drug/alcohol program) | \$1,000.00   |
|                       | HA Wide   | Computer upgrade                                | \$ 25,000.00 | HA Wide   | Telephone upgrade                               | \$ 12,000.00 |
|                       | HA Wide   | Clerk of Works                                  | \$ 3,000.00  | HA Wide   | Clerk of Works                                  | \$ 3,000.00  |
|                       | HA Wide   | A/E   | \$ 20,000.00 | HA Wide   | A/E   | \$ 20,000.00 |
|                       | HA Wide   | Correct drainage                                | \$ 50,000.00 | HA Wide   | Insulation                                      | \$140,000.00 |
|                       | HA Wide   | Electrical upgrade                              | \$282,915.00 | HA Wide   | Sidewalk, porch repair/replacement              | \$ 30,000.00 |
|                       | HA Wide   | Vinyl siding                                    | \$ 50,000.00 | HA Wide   | Exterior doors and locks                        | \$275,915.00 |
|                       | HA Wide   | Building settlement                             | \$50,000.00  |   |   |              |
|                       |   |   |              |   |   |              |
|                       |   |   |              |   |   |              |
|                       |   |   |              |   |   |              |
|                       |   |   |              |   |   |              |

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

| Activities for Year 1 | Activities for Year : Four<br>FFY Grant: 2012<br>PHA FY: 2013 |   |              | Activities for Year: Five<br>FFY Grant: 2013<br>PHA FY: 2014 |   |              |
|-----------------------|---|---|--------------|--|---|--------------|
|                       | HA Wide   | Operations                                      | \$ 1,000.00  | HA Wide  | Operations                                      | \$ 1,000.00  |
|                       | HA Wide   | Resident Svc. Mgrs.                             | \$ 27,500.00 | HA Wide  | Resident Svc. Mgrs.                             | \$ 27,500.00 |
|                       | HA Wide   | Law enforcement contract (drug/alcohol program) | \$ 1,000.00  | HA Wide  | Law enforcement contract (drug/alcohol program) | \$ 1,000.00  |
|                       | HA Wide   | Clerk of Works                                  | \$ 3,000.00  | HA Wide  | Clerk of Works                                  | \$ 3,000.00  |
|                       | HA Wide   | A/E   | \$ 20,000.00 | HA Wide  | A/E   | \$ 20,000.00 |
|                       | HA Wide   | Parking lot/repair replacement                  | \$ 20,000.00 | HA Wide  | HVAC  | \$ 50,000.00 |
|                       | HA Wide   | Water Heater replacement                        | \$100,000.00 | HA Wide  | Community Building                              | \$ 50,000.00 |
|                       | HA Wide   | Roof Replacement                                | \$183,000.00 | HA Wide  | Renovate Admin. Building                        | \$76,000.00  |
|                       | HA Wide   | Floor and Vinyl Composite Tile replacement      | \$137,915.00 | HA Wide  | Landscaping                                     | \$ 75,000.00 |
|                       | HA Wide   | Vehicle replacement                             | \$ 17,000.00 | HA Wide  | Range replacement                               | \$ 43,915.00 |
|                       |   |   |              | HA Wide  | Refrigerator replacement                        | \$163,000.00 |
|                       |   |   |              |  |   |              |
|                       |   |   |              |  |   |              |

Attachment H **CAPITAL FUND PROGRAM TABLES**

| <b>Annual Statement/Performance and Evaluation Report</b>   |   |  |              |                   |                                     |
|---|---|--|--------------|-------------------|-------------------------------------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>  |   |  |              |                   |                                     |
| <b>PHA Name:</b> Elizabethton Housing and Development Agency, Inc.  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TN37P07650106<br>Replacement Housing Factor Grant No: |              |                   | <b>Federal FY of Grant:</b><br>2006 |
| <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: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report |   |  |              |                   |                                     |
| Line No.  | Summary by Development Account          | Total Estimated Cost   |              | Total Actual Cost |                                     |
|   |   | Original   | Revised      | Obligated         | Expended                            |
| 1   | Total non-CFP Funds                     |  |              |                   |                                     |
| 2   | 1406 Operations                         | \$ 1,000.00  | \$ 32,859.00 | \$32,859.00       | \$11,790.00                         |
| 3   | 1408 Management Improvements Soft Costs | \$ 92,414.00   | \$ 11,648.00 | \$11,648.00       | \$11,648.00                         |
|   | Management Improvements Hard Costs      |  |              |                   |                                     |
| 4   | 1410 Administration                     | \$ 3,000.00  | \$ 3,600.00  | \$ 3,600.00       | \$ 1310.00                          |
| 5   | 1411 Audit                              |  |              |                   |                                     |
| 6   | 1415 Liquidated Damages                 |  |              |                   |                                     |
| 7   | 1430 Fees and Costs                     | \$ 20,000.00   | \$ 15,800.00 | \$ 15,800.00      | \$ 15,800.00                        |
| 8   | 1440 Site Acquisition                   |  |              |                   |                                     |
| 9   | 1450 Site Improvement                   | \$125,000.00   | \$ 0.00      |                   |                                     |
| 10  | 1460 Dwelling Structures                | \$220,658.00   | \$437,259.00 | \$403,200.00      | \$349,127.00                        |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable |  |              |                   |                                     |
| 12  | 1470 Nondwelling Structures             |  |              |                   |                                     |
| 13  | 1475 Nondwelling Equipment              |  |              |                   |                                     |
| 14  | 1485 Demolition                         |  |              |                   |                                     |
| 15  | 1490 Replacement Reserve                |  |              |                   |                                     |
| 16  | 1492 Moving to Work Demonstration       |  |              |                   |                                     |
| 17  | 1495.1 Relocation Costs                 |  |              |                   |                                     |
| 18  | 1499 Development Activities             |  |              |                   |                                     |
| 19  | 1502 Contingency                        |  |              |                   |                                     |

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

|  |  |                                     |
|--|--|-------------------------------------|
| <b>PHA Name:</b> Elizabethton Housing and Development Agency, Inc. | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TN37P07650106<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br>2006 |
|--|--|-------------------------------------|

Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending: 6/30/08  
  Final Performance and Evaluation Report

| Line No. | Summary by Development Account                            | Total Estimated Cost |              | Total Actual Cost |              |
|----------|---|----------------------|--------------|-------------------|--------------|
|          | Amount of Annual Grant: (sum of lines.....)               | \$462,072.00         | \$501,166.00 | \$467,107.00      | \$389,675.00 |
|          | Amount of line XX Related to LBP Activities               |                      |              |                   |              |
|          | Amount of line XX Related to Section 504 compliance       |                      |              |                   |              |
|          | Amount of line XX Related to Security –Soft Costs         |                      |              |                   |              |
|          | Amount of Line XX related to Security-- Hard Costs        |                      |              |                   |              |
|          | Amount of line XX Related to Energy Conservation Measures |                      |              |                   |              |
|          | Collateralization Expenses or Debt Service                |                      |              |                   |              |
|          |   |                      |              |                   |              |



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | Grant Type and Number<br>Capital Fund Program Grant No: TN37P07650106<br>Replacement Housing Factor Grant No: |                     |          |                      | Federal FY of Grant: 2006 |  |                   |
|---|---|---|---------------------|----------|----------------------|---------------------------|--|-------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | General Description of Major Work<br>Categories |   | Dev.<br>Acct<br>No. | Quantity | Total Estimated Cost | Total Actual Cost         |  | Status of<br>Work |
| HA Wide   | Operations                                      |   | 1406                |          | \$ 1,000.00          | \$11,790.00               |  | Ongoing           |
| HA Wide   | Resident Services Manager                       |   | 1408                | 2        | \$82,414.00          | \$11,648.00               |  | Complete          |
| HA Wide   | Law enforcement contract                        |   | 1408                |          | \$ 10,000.00         | \$0.00                    |  | Deferred          |
| HA Wide   | Clerk of Works                                  |   | 1410                | 1        | \$ 3,000.00          | \$1310.00                 |  | Ongoing           |
| HA Wide   | A/E   |   | 1430                | 1        | \$ 20,000.00         | \$ 15,800.00              |  | Complete          |
| HA Wide   | Install fencing                                 |   | 1450                |          | \$50,000.00          | \$0.00                    |  | Deferred          |
| HA Wide   | Parking lot additions/renovations               |   | 1450                |          | \$ 75,000.00         | \$0.00                    |  | Deferred          |
| HA Wide   | Exterior stair renovations/replacement          |   | 1460                |          | \$ 75,000.00         | \$349,127.00              |  | Complete          |
| HA Wide   | Vinyl siding replacement                        |   | 1460                |          | \$145,658.00         | \$0.00                    |  | Deferred          |
|   |   |   |                     |          |                      |                           |  |                   |
|   |   |   |                     |          |                      |                           |  |                   |
|   |   |   |                     |          |                      |                           |  |                   |
|   |   |   |                     |          |                      |                           |  |                   |
|   |   |   |                     |          |                      |                           |  |                   |
|   |   |   |                     |          |                      |                           |  |                   |
|   |   |   |                     |          |                      |                           |  |                   |
|   |   |   |                     |          |                      |                           |  |                   |
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**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part III: Implementation Schedule**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | <b>Grant Type and Number</b><br>Capital Fund Program No: TN37P07650106<br>Replacement Housing Factor No: |        |   |         |        | Federal FY of Grant: 2006        |
|---|---|--|--------|---|---------|--------|----------------------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | All Fund Obligated<br>(Quarter Ending Date) |  |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|   | Original                                    | Revised  | Actual | Original                                    | Revised | Actual |                                  |
| HA Wide   | 6/30/08                                     | 7/17/08  |        | 12/31/09                                    | 7/17/10 |        |                                  |
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**Attachment I CAPITAL FUND PROGRAM TABLES START HERE**

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

|  |  |                                     |
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| <b>PHA Name:</b> Elizabethton Housing and Development Agency, Inc. | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TN37P07650107<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br>2007 |
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 6/30/2008  
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account          | Total Estimated Cost |              | Total Actual Cost |             |
|----------|---|----------------------|--------------|-------------------|-------------|
|          |   | Original             | Revised      | Obligated         | Expended    |
| 1        | Total non-CFP Funds                     |                      |              |                   |             |
| 2        | 1406 Operations                         | \$1,000.00           | \$20,000.00  |                   |             |
| 3        | 1408 Management Improvements Soft Costs | \$ 92,414.00         | \$27,500.00  | \$27,500.00       | \$13,736.49 |
|          | Management Improvements Hard Costs      |                      |              |                   |             |
| 4        | 1410 Administration                     | \$3,000.00           |              |                   |             |
| 5        | 1411 Audit                              | \$20,000.00          | \$0.00       |                   |             |
| 6        | 1415 Liquidated Damages                 |                      |              |                   |             |
| 7        | 1430 Fees and Costs                     |                      | \$18,500.00  | \$22,200.00       | \$16,650.00 |
| 8        | 1440 Site Acquisition                   |                      |              |                   |             |
| 9        | 1450 Site Improvement                   | \$ 45,658.00         |              |                   |             |
| 10       | 1460 Dwelling Structures                | \$310,105.00         | \$357,519.00 |                   |             |
| 11       | 1465.1 Dwelling Equipment—Nonexpendable |                      |              |                   |             |
| 12       | 1470 Nondwelling Structures             |                      |              |                   |             |
| 13       | 1475 Nondwelling Equipment              |                      |              |                   |             |
| 14       | 1485 Demolition                         |                      |              |                   |             |
| 15       | 1490 Replacement Reserve                |                      |              |                   |             |
| 16       | 1492 Moving to Work Demonstration       |                      |              |                   |             |
| 17       | 1495.1 Relocation Costs                 |                      |              |                   |             |
| 18       | 1499 Development Activities             |                      |              |                   |             |
| 19       | 1502 Contingency                        |                      |              |                   |             |

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

|  |  |                                     |
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| <b>PHA Name:</b> Elizabethton Housing and Development Agency, Inc. | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TN37P07650107<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br>2007 |
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 6/30/2008  
  Final Performance and Evaluation Report

| Line No. | Summary by Development Account                            | Total Estimated Cost |              | Total Actual Cost |             |
|----------|---|----------------------|--------------|-------------------|-------------|
|          | Amount of Annual Grant: (sum of lines.....)               | \$472,177.00         | \$472,177.00 | \$49,700.00       | \$30,386.49 |
|          | Amount of line XX Related to LBP Activities               |                      |              |                   |             |
|          | Amount of line XX Related to Section 504 compliance       |                      |              |                   |             |
|          | Amount of line XX Related to Security –Soft Costs         |                      |              |                   |             |
|          | Amount of Line XX related to Security-- Hard Costs        |                      |              |                   |             |
|          | Amount of line XX Related to Energy Conservation Measures |                      |              |                   |             |
|          | Collateralization Expenses or Debt Service                |                      |              |                   |             |
|          |   |                      |              |                   |             |

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | Grant Type and Number<br>Capital Fund Program Grant No: TN37P07650107<br>Replacement Housing Factor Grant No: |                     |          |                      | Federal FY of Grant: 2007 |                   |  |                   |
|---|---|---|---------------------|----------|----------------------|---------------------------|-------------------|--|-------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | General Description of Major Work<br>Categories |   | Dev.<br>Acct<br>No. | Quantity | Total Estimated Cost |                           | Total Actual Cost |  | Status of<br>Work |
| HA Wide   | Operations                                      |   | 1406                |          | \$ 1,000.00          |                           |                   |  |                   |
| HA Wide   | Resident Services Staff                         |   | 1408                | 2        | \$ 82,414.00         |                           |                   |  | Ongoing           |
| HA Wide   | Law enforcement contract                        |   | 1408                |          | \$ 10,000.00         |                           |                   |  |                   |
| HA Wide   | Clerk of Works                                  |   | 1410                | 1        | \$ 3,000.00          |                           |                   |  |                   |
| HA Wide   | A/E   |   | 1430                | 1        | \$ 20,000.00         |                           |                   |  | Ongoing           |
| HA Wide   | Install Fencing                                 |   | 1450                |          | \$ 45,658.00         |                           |                   |  |                   |
| HA Wide   | Parking   |   | 1450                |          | \$ 50,000.00         |                           |                   |  |                   |
| HA Wide   | Vinyl Siding                                    |   | 1460                |          | \$ 60,105.00         |                           |                   |  |                   |
| HA Wide   | Security Screen Door Replacement                |   | 1460                |          | \$100,000.00         |                           |                   |  |                   |
| HA Wide   | Bathroom Renovations                            |   | 1460                |          | \$100,000.00         |                           |                   |  |                   |
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | Grant Type and Number<br>Capital Fund Program No: TN37P07650107<br>Replacement Housing Factor No: |        |   |         |        | Federal FY of Grant: 2007        |
|---|---|---|--------|---|---------|--------|----------------------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | All Fund Obligated<br>(Quarter Ending Date) |   |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|   | Original                                    | Revised   | Actual | Original                                    | Revised | Actual |                                  |
| HA Wide   | 6/30/09                                     | 9/12/09   |        | 12/31/10                                    | 9/12/11 |        |                                  |
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**Attachment J CAPITAL FUND PROGRAM TABLES**

| <b>Annual Statement/Performance and Evaluation Report</b>  |   |  |         |                   |                                     |
|--|---|--|---------|-------------------|-------------------------------------|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>   |   |  |         |                   |                                     |
| <b>PHA Name:</b> Elizabethton Housing and Development Agency, Inc.   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TN37P07650108<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br>2008 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report |   |  |         |                   |                                     |
| Line No.   | Summary by Development Account          | Total Estimated Cost   |         | Total Actual Cost |                                     |
|  |   | Original   | Revised | Obligated         | Expended                            |
| 1  | Total non-CFP Funds                     |  |         |                   |                                     |
| 2  | 1406 Operations                         | \$1,000.00   |         |                   |                                     |
| 3  | 1408 Management Improvements Soft Costs | \$ 28,500.00   |         |                   |                                     |
|  | Management Improvements Hard Costs      |  |         |                   |                                     |
| 4  | 1410 Administration                     | \$3,000.00   |         |                   |                                     |
| 5  | 1411 Audit                              |  |         |                   |                                     |
| 6  | 1415 Liquidated Damages                 |  |         |                   |                                     |
| 7  | 1430 Fees and Costs                     | \$ 17,000.00   |         |                   |                                     |
| 8  | 1440 Site Acquisition                   |  |         |                   |                                     |
| 9  | 1450 Site Improvement                   | \$167,982.00   |         |                   |                                     |
| 10   | 1460 Dwelling Structures                | \$292,933.00   |         |                   |                                     |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable |  |         |                   |                                     |
| 12   | 1470 Nondwelling Structures             |  |         |                   |                                     |
| 13   | 1475 Nondwelling Equipment              |  |         |                   |                                     |
| 14   | 1485 Demolition                         |  |         |                   |                                     |
| 15   | 1490 Replacement Reserve                |  |         |                   |                                     |
| 16   | 1492 Moving to Work Demonstration       |  |         |                   |                                     |
| 17   | 1495.1 Relocation Costs                 |  |         |                   |                                     |
| 18   | 1499 Development Activities             |  |         |                   |                                     |
| 19   | 1502 Contingency                        |  |         |                   |                                     |

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

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| <b>PHA Name:</b> Elizabethton Housing and Development Agency, Inc. | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: TN37P07650108<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br>2008 |
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 6/30/08  
  Final Performance and Evaluation Report

| Line No. | Summary by Development Account                            | Total Estimated Cost |  | Total Actual Cost |  |
|----------|---|----------------------|--|-------------------|--|
|          | Amount of Annual Grant: (sum of lines.....)               | \$510,415.00         |  |                   |  |
|          | Amount of line XX Related to LBP Activities               |                      |  |                   |  |
|          | Amount of line XX Related to Section 504 compliance       |                      |  |                   |  |
|          | Amount of line XX Related to Security –Soft Costs         |                      |  |                   |  |
|          | Amount of Line XX related to Security-- Hard Costs        |                      |  |                   |  |
|          | Amount of line XX Related to Energy Conservation Measures |                      |  |                   |  |
|          | Collateralization Expenses or Debt Service                |                      |  |                   |  |
|          |   |                      |  |                   |  |



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | Grant Type and Number<br>Capital Fund Program Grant No: TN37P07650108<br>Replacement Housing Factor Grant No: |                     |          |                      | Federal FY of Grant: 2008 |                   |  |                   |
|---|---|---|---------------------|----------|----------------------|---------------------------|-------------------|--|-------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | General Description of Major Work<br>Categories |   | Dev.<br>Acct<br>No. | Quantity | Total Estimated Cost |                           | Total Actual Cost |  | Status of<br>Work |
| HA Wide   | Operations                                      |   | 1406                |          | \$                   | 1,000.00                  |                   |  |                   |
| HA Wide   | Resident Services Staff                         |   | 1408                | 1        | \$                   | 27,500.00                 |                   |  |                   |
| HA Wide   | Law enforcement contract                        |   | 1408                |          | \$                   | 1,000.00                  |                   |  |                   |
| HA Wide   | Clerk of Works                                  |   | 1410                | 1        | \$                   | 3,000.00                  |                   |  |                   |
| HA Wide   | A/E   |   | 1430                | 1        | \$                   | 17,000.00                 |                   |  |                   |
| HA Wide   | Install Fencing                                 |   | 1450                |          | \$                   | 2,000.00                  |                   |  |                   |
| HA Wide   | Parking   |   | 1450                |          | \$                   | 5,000.00                  |                   |  |                   |
| HA Wide   | Illumination                                    |   | 1450                |          | \$                   | 160,982.00                |                   |  |                   |
| HA Wide   | Security Screen Door Replacement                |   | 1460                |          | \$                   | 50,000.00                 |                   |  |                   |
| HA Wide   | Bathroom Renovations                            |   | 1460                |          | \$                   | 50,000.00                 |                   |  |                   |
| HA Wide   | Vinyl Siding                                    |   | 1460                |          | \$                   | 50,000.00                 |                   |  |                   |
| HA Wide   | Correct building settlement/drainage            |   | 1450                |          | \$                   | 1,000.00                  |                   |  |                   |
| HA Wide   | Kitchen renovations                             |   | 1460                |          | \$                   | 50,000.00                 |                   |  |                   |
| HA Wide   | Baseboard Heater replacement                    |   | 1460                |          | \$                   | 60,000.00                 |                   |  |                   |
| HA Wide   | Termite Treatment                               |   | 1460                |          | \$                   | 31,933.00                 |                   |  |                   |
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

| PHA Name: Elizabethton Housing and Development Agency, Inc. |   | Grant Type and Number<br>Capital Fund Program No: TN37P07650108<br>Replacement Housing Factor No: |        |   |         |        | Federal FY of Grant: 2008        |
|---|---|---|--------|---|---------|--------|----------------------------------|
| Development Number<br>Name/HA-Wide<br>Activities            | All Fund Obligated<br>(Quarter Ending Date) |   |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|   | Original                                    | Revised   | Actual | Original                                    | Revised | Actual |                                  |
| HA Wide   | 6/12/10                                     |   |        | 6/12/12                                     |         |        |                                  |
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**PET POLICY OF THE ELIZABETHTON HOUSING AND DEVELOPMENT  
AGENCY, INC.**

Residents of the Elizabethton Housing and Development Agency, Inc., are eligible to have a common household pet in accordance with this policy.

This policy does not apply to persons who have animals that are used to assist persons with disabilities. The EHDA may grant an exclusion for the animal from this policy if all of the following apply:

- a. The resident or prospective resident certifies in writing that the resident or a member of his/her family is a person with a disability.
- b. The animal **is needed** to assist persons with that specific disability.

SECTION I            DEFINITIONS

COMMON HOUSEHOLD PET

Any domesticated animal such as a dog, cat, bird, rabbit, small turtle, gerbil, or hamster, which is traditionally kept in the home for pleasure rather than for commercial purposes. IT DOES NOT INCLUDE reptiles such as snakes, which are not allowed in the units of the EHDA. Animals used to assist the handicapped are excluded from this definition.

FAMILY

A family with or without children, an elderly family, a disabled family, the remaining member of a tenant family, or a single person. Each family must have a head of household who is at least eighteen (18) years of age and is able to make contractual agreement. Each person in the home must be related to the head of the household by blood, marriage, and/or adoption.

EHDA

The Executive Director, Public Housing Manager or his/her designee authorized to act on behalf of the Elizabethton Housing and Development Agency.

SECTION II            NONDISCRIMINATION

The Elizabethton Housing and Development Agency, Inc., may not as a condition of tenancy or otherwise, prohibit or prevent any resident from owning a common household pet or having such pets living in the Resident's dwelling unit, if the conditions of the Pet Policy are met.

The Elizabethton Housing and Development Agency, Inc., may not restrict or discriminate against any person in connection with admission to or continued occupancy of because of the person's ownership of common household pets or the presence of such pets in the person's dwelling unit.

SECTION III        LIMITATION

Persons who may keep pets are limited to owning one dog; one cat; one rabbit; or one similar pet per unit, with the permission of the Elizabethton Housing Agency. In addition, residents may have caged animals (such as birds or hamsters), which are limited to two (2) per unit.

SECTION IV        FINANCIAL RESPONSIBILITY

The owner shall be responsible for all damages caused by their pet. In order to defray damage costs to the EHDA all eligible owners shall make a refundable pet deposit. This pet deposit shall be limited to those residents who own or keep a cat or a dog in their unit. This pet deposit is in addition to the dwelling unit security deposit. The pet deposit may only be used to pay reasonable expenses including but not limited to the cost of repairs and replacements to and fumigation of the resident's dwelling unit and for the EHDA, the cost of animal care facilities. The unused portion of the pet deposit shall be refunded to the resident within a reasonable time after the resident moves from the community or no longer owns or keeps a pet.

The pet security deposit shall be in the sum of one hundred dollars (\$100.00) to be paid in full at the time of registration. The deposit amount is subject to be changed from time to time.

SECTION V

PET RULES

1. INOCULATIONS: All pets must have received their vaccination shots as required by State law and local ordinance. Residents must provide documentation upon initial inoculations and at least annually thereafter.
2. WASTE: **Dogs and cats must be housebroken. Dog owners shall allow their pet to deposit waste only in the back yard of the building where they live, at least five (5) feet away from the clothesline. Dog owners shall immediately remove the waste by flushing it in a commode or putting it in a plastic bag for disposal into the nearest dumpster. Cat owners must provide litter boxes and kitty litter, they must separate cat waste from the litter daily, and cat litter boxes must be changed twice a week. Animal waste shall not be allowed on the outside grounds or inside the units. Owners shall control waste odors. A twenty dollar (\$20.00) per occurrence charge shall be made if the EHDA is required to remove pet waste attributed to the owner's pet.**
3. EXERCISE: Pets may only be exercised on the sidewalks of the unit areas or the lawn of the owner's unit.  
NOTE: Pet waste shall not be allowed in these areas and the owner shall remove any such waste immediately.
4. CONTROL OF PET: The owner shall be responsible for the proper control of their pets. When a pet is outside the owner's unit, it shall be properly restrained (leash) and under the control of a responsible person. **The pet shall not be tied to any fixed object anywhere on the apartment complex. When EHDA employees and contractors are performing work inside the home, the pet shall be restrained for everyone's protection.**
5. REGISTRATION: Before being brought onto the property of the EHDA, all pets must be registered with the EHDA Office and any applicable governmental registration shall be complied with. Documentation for registration includes:
  - a. A certificate signed by a licensed Veterinarian or a State or local authority empowered to inoculate animals, stating that the pet has

- received all inoculations required by applicable State and local law.
- b. Information sufficient to identify the pet and to demonstrate that it is a common household pet.
  - c. The name, address and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated or is otherwise unable to care for the pet.
  - d. The pet owner shall be required to sign a statement indicating that he/she has read the Pet Policy rules and agrees to comply with them.
  - e. At six months age, all dogs, cats, and rabbits must be spayed or neutered and the owner must furnish proof of such.
6. SIZE LIMITS: Pets, which weigh more than thirty (30) pounds, are not permitted. **The pet may not exceed this weight limit during its lifetime and occupancy with the EHDA.**
  7. PETS MAY NOT BE LEFT ALONE inside a unit for more than twelve (12) hours within a twenty-four (24) hour period. Failure to comply may be grounds for the EHDA to enter the unit and remove the pet.
  8. PROHIBITED COMMON AREAS: Pets are prohibited from specific common areas such as the lobby, offices, activity and meeting rooms of the EHDA Administration Buildings (specifically 910 Pine Ridge Circle, 210 South Hills Drive, and 820 Hemlock Street). In addition, pets are prohibited from all playgrounds on EHDA property.
  9. NOISE AND ODOR: The owner shall control pet noise and pet odor such as not to disturb neighbors.

## SECTION VI

## INSPECTION

Inspections regarding pet issues shall be conducted after reasonable notice has been given to the resident if the EHDA receives a signed, written complaint alleging (or the EHDA has reasonable grounds to believe) that the conduct or condition of a pet in the dwelling unit constitutes, under State or local law, a nuisance or a threat to the health or safety of the occupants of the community.

SECTION VII

EMERGENCIES AND PROTECTION OF THE PET

The pet owner shall designate a person who shall take control of the pet, should the owner be unable to do so, in case of an emergency or in the event the EHDA determines a pet should be removed for its protection or for the protection of other persons or property of the EHDA.

The EHDA, or designated agent, is authorized under State or local law to remove a pet that becomes vicious, displays symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health or safety of the community as a whole.

The EHDA may enter the premises and remove the pet or take such other permissible action if the EHDA requests the pet owner remove the pet from the community immediately and the pet owner refuses to do so, or if the EHDA is unable to contact the pet owner to make a removal request.

If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the EHDA may contact the responsible party or parties listed in the pet registration. If the responsible party is unwilling or unable to care for the pet, the appropriate State or local authority may remove the pet.

If there is no State or local authority authorized to remove the pet, the EHDA may enter the pet owner's unit, remove the pet and place it in a facility that will provide care and shelter until the pet owner or their representative is able to assume responsibility for the pet, but not longer than thirty (30) days.

The cost of the animal care facility shall be borne by the pet owner. If the pet owner (or the pet owner's estate) is unable or unwilling to pay, the cost of the animal care facility may be paid from the pet deposit.

SECTION VIII:

REFUSING ADMITTANCE

A. REFUSAL TO ADMIT THE PET

The EHDA may refuse to register a pet if:

1. The pet is not a common household pet.

2. Keeping the pet would violate any Pet Policy rule.
3. The pet owner fails to provide complete pet registration information or fails annually to update the pet registration.
4. The EHDA reasonably determines, based on the owner's habits and practices, that the pet owner will be unable to keep the pet in compliance with the Pet Policy or other lease obligations.
5. The pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the Pet Policy rules and other lease obligations.

B. THE NOTICE

The EHDA shall notify the resident in writing if the EHDA refuses to register the pet. The notice shall state:

1. The reason(s) for refusing to register the pet.
2. The pet owner has ten (10) days from the effective date of the notice to request a meeting to dispute the reason(s).
3. The pet owner is entitled to be accompanied by others of his or her choice at the meeting.
4. The pet owner's failure to correct the violation, to request a meeting or to appear at a requested meeting may result in lease termination.

C. THE MEETING

If the pet owner requests a meeting, the EHDA shall schedule it within fifteen (15) days from the effective date of the notice. The EHDA Grievance Procedure shall govern the meeting and the resident's right to dispute the EHDA's decision to refuse to admit the pet.

SECTION IX

VIOLATION OF PET RULES

A. VIOLATION

If the EHDA determines that a pet owner has violated a rule governing the owning or keeping of pets, the EHDA may serve a written notice of pet rule violation on the pet owner.

B. THE NOTICE

The notice shall state the facts for the determination and the pet rule or rules alleged to be violated; and advise that the pet owner has ten (10) days from the



effective date of the notice to correct the violation or to make a written request for a meeting. The Notice shall state that the pet owner is entitled to be accompanied by others of his/her choice at the meeting. In addition, the Notice shall state that the pet owner's failure to correct the violation, to request a meeting or to appear at a requested meeting may result in lease termination.

C. THE MEETING

If the pet owner requests a meeting, the EHDA shall schedule it within fifteen (15) days from the effective date of the notice. At the meeting, the pet owner and the EHDA shall discuss any alleged pet rule violation and attempt to correct it. The EHDA may give the pet owner additional time to correct the violation.

D. NOTICE FOR PET REMOVAL

If the pet owner and the EHDA are unable to resolve the pet rule violation or if the EHDA determines that the pet owner has failed to correct the violation, the EHDA may serve a written notice on the pet owner requiring the pet owner to remove the pet. The notice must state:

1. The facts used to determine that the pet rule or rules have been violated.
2. That the pet owner must remove the pet within ten (10) days of the notice.
3. That failure to remove the pet may result in lease termination.

E. REMOVAL OF PET OR LEASE TERMINATION

The EHDA may not initiate procedures to terminate a pet owner's lease based on a pet rule violation unless the pet owner has failed to remove the pet, to correct the violation or the pet rule violation is sufficient to begin procedures to terminate the pet owner's lease. The EHDA may initiate procedures to remove the pet at any time if the pet's conduct or condition is a nuisance or a threat to the health or safety of other occupants of the community.

COMPLIANCE WITH LAW

All pet rules shall comply with State and local laws and where there is a conflict, State and local law shall prevail, including State and local nuisance and health laws.

## COMMUNITY SERVICE WORK REQUIREMENT POLICY

The Community Service and Family Self-sufficiency (FSS) Requirement is the performance of voluntary work duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. It is not employment and may not include political activities.

Exempt individuals are adults who are:

- (a) Sixty-two (62) years of age or older;
- (b) A blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c), and who certifies that because of this disability she or he is unable to comply with the community service requirement;
- (c) Is a primary caretaker of such individual;
- (d) Is engaged in work activities;
- (e) Meeting the requirements for being exempted for having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program, or;
- (f) Is a member of a family receiving benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Except for any family member who is an exempt individual, each adult resident of public housing must:

1. Contribute eight (8) hours per month of community service (not including political activities); or
2. Participate in an economic self-sufficiency program for eight (8) hours per month; or
3. Perform eight (8) hours per month of combined activities as described in number one and two above.

4. If an individual is required to perform monthly community service and then becomes exempt, they would owe for all months prior to the date they qualified for the exemption.
5. Once an individual reaches age eighteen (18), they must begin their community service hours or have signed an exemption certification. Their hours would begin the month following their eighteenth (18<sup>th</sup>) birthday.

The EHDA is obligated to notify all families of the general requirements and exemptions and place the burden upon the family to notify the EHDA of the required participation of some of its family members. The resident must provide such documentation to the EHDA thirty (30) days prior the end of the term of the lease.

If the EHDA determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation, the EHDA must notify the resident of this determination. The notice must briefly describe the noncompliance, advise that the lease will not renew at the end of the twelve month lease term and of their rights to a grievance under the EHDA Grievance Procedures unless:

1. The resident, and any other noncompliant family member, enter into a written agreement with the EHDA in the form and manner required by the EHDA to cure such noncompliance and in fact cure such noncompliance in accordance with such agreement, or
2. The family provides written assurance satisfactory to the EHDA that the resident or other noncompliant family members no longer reside in the unit.

The resident shall enter into a written agreement that shall cure the noncompliance by completing the additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease. The agreement shall also assure that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.

The EHDA may not allow residents to perform work ordinarily performed by EHDA employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

An Economic Self-sufficiency Program is any program designed to encourage, assist, train, or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include programs for job training, employment counseling, work placement, basic skills training, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other work activities.

*Elizabethton Housing and Development Agency, Inc.*

*AGREEMENT TO FULFILL OBLIGATIONS OF THE  
COMMUNITY SERVICE WORK REQUIREMENT*

NAME (please print)

\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_

As the undersigned family member required to fulfill a community service work requirement, I understand that I:

1. Must contribute eight (8) hours per month of community service in order to renew the household dwelling lease with the Elizabethton Housing and Development Agency, Inc.
2. Must provide the Elizabethton Housing and Development Agency, Inc. with a work receipt for documentation that I am fulfilling my community service work requirement, which shall be submitted to the EHDA thirty (30) days prior to the end of the term of the household lease.
3. Must ensure that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.
4. Have been provided with a list of economic self-sufficiency programs to assist me with fulfilling the community service work requirement.
5. Understand that the lease may not be renewed based on a breach of this agreement.

\_\_\_\_\_  
Family Member

*COMMUNITY SERVICE WORK REQUIREMENT EXEMPTION FORM*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_

I am exempt from the Community Service Work Requirement because I am:

- Sixty-two (62) years of age or older;
- A blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c), and who certifies that because of this disability she or he is unable to comply with the community service requirement.
- A primary caretaker of such individual;
- Engaged in work activities;
- Meeting the requirements for being exempted for having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program; or;
- A member of a family receiving benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C.601 et seq.) or under any other welfare program of the State of Tennessee, including a State administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

\_\_\_\_\_  
Resident Certification

\_\_\_\_\_  
Date

*COMMUNITY SERVICE WORK REQUIREMENT*

*WORK RECEIPT*

Elizabethton Housing and Development Agency, Inc.  
910 Pine Ridge Circle  
Elizabethton, Tennessee 37643

RE: \_\_\_\_\_

I hereby certify that the above named individual has been credited with \_\_\_\_\_ hours of community service for voluntary services performed on \_\_\_\_\_. I have indicated below the type of community service performed by the above named individual.

- Job training
- Employment counseling
- Work placement
- Basic skills training
- Education
- English proficiency
- Workfare
- Financial management
- Household management
- Apprenticeship
- Any program necessary to ready a participant for work (including substance abuse or mental health treatment).
- Other work activities (please explain) \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency





*Elizabethton Housing and Development Agency, Inc.*

*COMMUNITY SERVICE WORK REQUIREMENT*

*CURE AGREEMENT*

As the undersigned family member required to fulfill a community service work requirement, I understand that I:

1. Must contribute eight (8) hours per month of community service in order to renew my dwelling lease with the Elizabethton Housing and Development Agency, Inc.
2. Must contribute an additional \_\_\_\_\_ **hours per** \_\_\_\_\_ of community service in order to cure the noncompliance with previous requirements that I did not fulfill.
3. Must provide the Elizabethton Housing and Development Agency, Inc. with a work receipt for documentation that I am fulfilling my community service work requirement, which shall be submitted on a monthly basis.
4. Must ensure that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.
5. Understand that my lease will be terminated based on a breach of this agreement.

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_

\_\_\_\_\_  
Family Member Signature

\_\_\_\_\_  
EHDA Official

\_\_\_\_\_  
Date