

<b>PHA 5-Year and Annual Plan</b> <b>TN033v01 - Final</b>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Cookeville Housing Authority</u> PHA Code: <u>TN033</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>				
<b>2.0</b>	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>580</u> Number of HCV units: <u>0</u>				
<b>3.0</b>	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) <b>Not Applicable</b>				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. <b>Not Applicable. Required only in 5-Year Plan.</b>				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>Not Applicable. Required only in 5-Year Plan.</b>				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>Not Applicable. Required only in 5-Year Plan.</b>				
<b>6.0</b>	<b>PHA Plan Update</b> - (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> <li><b>Financial Resources Element: the CHA Financial Statement including PHA Operating and Capital Fund, Rental Income, Investments etc. change on an annual basis. The CHA maintains this information on file and makes it available for HUD and public review at the CHA Administration Office</b></li> <li><b>Fiscal Year Audit: The CHA's most recent Audit is on file at the CHA Administration Office and is available for HUD and public review.</b></li> <li><b>Violence Against Women Act (VAWA): The CHA has completed the required VAWA Policy and has been approved by the CHA Board of Commissioners.</b></li> </ul> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Cookeville Housing Authority Administration Office</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <ul style="list-style-type: none"> <li><b>The CHA is proposing to demolish 19 units that are located in the floodplain in developments TN033-2 (6 units), TN033-5 (10 units) and TN033-11 (3 units). See list in Attachments Section of this Plan.</b></li> <li><b>The CHA is also considering disposition of Development TN033-11, Celina. In the event the CHA proceeds with the disposition, the three dwelling units identified above for demolition would become part of the disposition, therefore those three units would not be demolished.</b></li> <li><b>The CHA is proposing in our Five-Year CFP to do conversion of 23 (Zero-Bedroom) dwelling units into 1 and 2-Bedroom dwellings. The list of dwelling units proposed for conversion is included in the Attachments Section of this Plan.</b></li> </ul>				

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.  <b>See attached form HUD-50075 for FY2009 and all open CFP Grants.</b>
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.  <b>See attached form HUD-50075 for 5-Year CFP.</b>
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>Not Applicable.</b>
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.  <b>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</b>
9.1	<b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  <b>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</b>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.  <b>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</b>  (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"  <b>Not Applicable. PHA is a High Performer, therefore this component is required only in 5-Year Plan.</b>
11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

## **ATTACHMENTS:**

### **Resident Advisory Board (RAB) Comments:**

The Cookeville Resident Advisory Board met on April 9, 2009 to discuss recommended improvements to include in the FY 2009 and 5-year CFP budgets. The following items were discussed:

1. **Residents expressed concern about speeding in Development TN033-10(1). The CHA will refer this issue to the Cookeville Police Department.**
2. **Will relocation be required for the work proposed in the 5-year plan? Yes, for the proposed demolition, disposition and unit conversion, some relocation would be required.**
3. **Can dryer outlets be added? Yes, they are included within the ARRA 2009 planned electrical upgrades.**
4. **Can Residents perform landscaping on their own apartments? No, due lease provisions and lawn maintenance.**
5. **What will be done with the existing landscape planters that are not being maintained? They will be maintained and removed by the CHA maintenance staff.**
6. **Is fencing allowed for individual yards? No, due to lease provisions and because it would increase the cost of lawn maintenance.**
7. **There are problems with air and light leakage around some exterior doors. This item was identified in the recent Physical Needs Assessment and will be addressed in the near future by either repair or replacement.**
8. **The woods next to the development in Baxter are creeping closer to the units. The CHA plans to address this through the maintenance department.**
9. **The parking lot(s) at Gibson Hollow in Gainesboro needs repair. This item will be included within the 2009 Operating Budget.**

### **Violence Against Women Act Policy- Cookeville Housing Authority:**

#### **BACKGROUND**

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

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

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

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

## DEFINITIONS

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

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

**Dating Violence:** Violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

**Stalking:** To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

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

## VIOLENCE AGAINST WOMEN ACT POLICY

The following policy amends the *Admissions and Occupancy Policy (ACOP)* and the Apartment Lease by reference. Appropriate language will be added to the ACOP and Apartment lease at the next revision dates of each.

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

### Admissions and Occupancy and Termination of Assistance

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

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

Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate family member of the tenant's family is the victim or threatened victim of the abuse.

### **Rights of the Cookeville Housing Authority**

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

### **Certification of Abuse and Confidentiality**

The Cookeville HA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the Cookeville HA. In lieu of Form HUD 50066, the individual may provide the Cookeville HA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical profession from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty or perjury (28 U.S.C. 1746) to the professionals believe that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance.

### **Notification to Residents**

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

### **Confidentiality**

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

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

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

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

1. Prevents the Housing Authority from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provides protections as described above. However, the Cookeville HA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the PHA from terminating tenancy and evicting where the housing authority can demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.” Where such a threat can be demonstrated by the Cookeville HA, you will not be protected from eviction by VAWA.
3. Limits the ability of the Cookeville HA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

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

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

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

You may obtain a copy of the PHA’s written policy concerning domestic violence, dating violence, and stalking from the HA’s main office. Please note that the written policy contains, among other things, definitions of the terms “domestic violence”, “dating violence”, “stalking”, and “immediate family”.

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

**CERTIFICATION OF DOMESTIC  
VIOLENCE, DATING VIOLENCE,  
OR STALKING**

**U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**

OMB Approval No. 2577-0249  
Exp (05/31/2007)

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

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

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

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

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

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**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:**

**Date Written Request Received By Family Member:** \_\_\_\_\_

**Name of the Victim of Domestic Violence:** \_\_\_\_\_

**Name(s) of other family members listed on the lease** \_\_\_\_\_

**Name of the abuser:** \_\_\_\_\_

**Relationship to Victim:** \_\_\_\_\_

**Date the incident of domestic violence occurred:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Name of victim:** \_\_\_\_\_

Description of Incident:

[INSERT TEXT LINES HERE]

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

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

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



## **ADDITIONAL ATTACHMENTS:**

### **ZERO BEDROOM APARTMENTS PROPOSED FOR CONVERSION (TOTAL OF 23)**

#### ***-Development 33-06(1) Cookeville (3 Units)***

535 W. 6<sup>th</sup> Street  
527 W. 6<sup>th</sup> Street  
517 W. 6<sup>th</sup> Street

#### ***-Development 33-10(2) Cookeville (20 Units)***

476 W. 5<sup>th</sup> Street  
478 W. 5<sup>th</sup> Street  
480 W. 5<sup>th</sup> Street  
489 W. 5<sup>th</sup> Street  
491 W. 5<sup>th</sup> Street  
493 W. 5<sup>th</sup> Street  
507 W. 5<sup>th</sup> Street  
509 W. 5<sup>th</sup> Street  
511 W. 5<sup>th</sup> Street  
513 W. 5<sup>th</sup> Street  
518 W. 5<sup>th</sup> Street  
520 W. 5<sup>th</sup> Street  
522 W. 5<sup>th</sup> Street  
524 W. 5<sup>th</sup> Street  
490 Pine Avenue  
492 Pine Avenue  
494 Pine Avenue  
496 Pine Avenue  
506 Pine Avenue  
508 Pine Avenue

### **FLOOD PLAIN UNITS PROPOSED FOR DEMOLITION (TOTAL OF 19 UNITS)**

#### ***-Development 33-02 Cookeville (6 Units)***

733 Darwin  
735 Darwin  
727 Darwin  
729 Darwin  
724 Darwin  
726 Darwin

***-Development 33-11 Celina (3 Units)*** (NOTE: CHA may decide to dispose of these three units in the event the decision is made to dispose of all other dwelling units in TN33-11)

321 Green  
323 Green  
324 Green

#### ***-Development 33-05 Gainesboro (10 Units)***

510 N. Murray  
512 N. Murray  
532 Reeves  
533 A Reeves  
533 B Reeves  
534 Reeves  
536 Reeves  
538 Reeves  
541 A Reeves  
541 B Reeves

**FLOOD PLAIN UNITS AND PROPERTY PROPOSED FOR DISPOSITION (TOTAL OF 18 UNITS)**

***-Development 33-06(2) Cookeville (18 Units)***

341 Hargis	383 Hargis
343 Hargis	385 Hargis
347 Hargis	391 Hargis
349 Hargis	393 Hargis
355 Hargis	399 Hargis
357 Hargis	409 Hargis
361 Hargis	423 Hargis
371 Hargis	425 Hargis
373 Hargis	431 Hargis

***-Development 33-11 Celina*** (This development is not located within the established Flood Plain; potential disposition is based on financial, administrative and logistics considerations)

List of dwelling units is inclusive of all development units and related property.

**Following is a list of HUD Approved units that have been taken out of occupancy with HUD approval for the Police and Sheriff's Department.**

530 Reeves Drive	Gainesboro	Development 33-5, Unit 9*
340 Hargis	Cookeville	Development 33-6(2), Unit 23*
404 N. 3 <sup>rd</sup>	Baxter	Development 33-8, Unit 1*
313 Green Street	Celina	Development 33-11, Unit 8A
302D Railroad	Monterey	Development 33-12(3), Unit 2D

<b>Part I: Summary</b>						
<b>PHA Name:</b> Cookeville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P03350109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds	215,000.00				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	1,000.00				
3	1408 Management Improvements	50,000.00				
4	1410 Administration (may not exceed 10% of line 21)	93,600.00				
5	1411 Audit	0.00				
6	1415 Liquidated Damages	0.00				
7	1430 Fees and Costs	65,000.00				
8	1440 Site Acquisition	0.00				
9	1450 Site Improvement	0.00				
10	1460 Dwelling Structures	726,400.00				
11	1465.1 Dwelling Equipment—Nonexpendable	0.00				
12	1470 Non-dwelling Structures	0.00				
13	1475 Non-dwelling Equipment	0.00				
14	1485 Demolition	0.00				
15	1492 Moving to Work Demonstration	0.00				
16	1495.1 Relocation Costs	0.00				
17	1499 Development Activities <sup>4</sup>	0.00				
18a	1501 Collateralization or Debt Service paid by the PHA	0.00				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00				
19	1502 Contingency (may not exceed 8% of line 20)	0.00				
20	Amount of Annual Grant: (sum of lines 2 – 19)	936,000.00				
21	Amount of line 20 Related to LBP Activities	0.00				
22	Amount of line 20 Related to Section 504 Activities	0.00				
23	Amount of line 20 Related to Security – Soft Costs	0.00				
24	Amount of Line 20 Related to Security – Hard Costs	0.00				
25	Amount of line 20 Related to Energy Conservation Measures	0.00				

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

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

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

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

<b>Part I: Summary</b>					
PHA Name: <b>Cookeville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P03350109</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2009</b> FFY OF Grant Approval: <b>2009</b>	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

Part II Supporting Pages								
PHA Name: Cookeville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P03350109 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN033-010(2)	Electrical Upgrades	1460	1	75,000.00	Operating Reserves			
TN033-011	Electrical Upgrades	1460	1	95,000.00	Operating Reserves			
TN033-012(1)	Electrical Upgrades	1460	1	20,000.00	Operating Reserves			
TN033-012(2)	Electrical Upgrades	1460	1	25,000.00	Operating Reserves			
				215,000.00				
PHA-Wide	Transfer to Operations	1406	1	1,000.00				
PHA-Wide	Resident Services Coordinator Salary	1408	1	50,000.00				
PHA-Wide	Transfer 10% to Central Cost Center	1410	1	93,600.00				
PHA-Wide	A/E/P Services	1430	1	30,000.00				
PHA-Wide	Planning Fees	1430	1	10,000.00				
PHA-Wide	Policy and Procedure Update	1430	1	15,000.00				
PHA-Wide	Strategic Plan	1430	1	10,000.00				
PHA-Wide	Force Account Labor	1460	1	275,000.00				
TN033-001	Replace Gutters and Downspouts	1460	1	29,000.00				
TN033-002	Replace Windows and Screens	1460	1	200,000.00				
TN033-003	Replace Windows and Screens	1460	1	108,000.00				
TN033-005	Replace Gutters and Downspouts	1460	1	12,400.00				
TN033-010 (2)	Replace Windows and Screens	1460	1	102,000.00				

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

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

<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Cookeville Housing Authority</b>					Federal FY of Grant: <b>2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Obligation End Date	Actual Obligation End Date	
PHA-Wide	06/30/2011		06/30/2013		
TN033-001	06/30/2011		06/30/2013		
TN033-002	06/30/2011		06/30/2013		
TN033-003	06/30/2011		06/30/2013		
TN033-005	06/30/2011		06/30/2013		
TN033-010 (2)	06/30/2011		06/30/2013		
TN033-011	06/30/2011		06/30/2013		
TN033-012 (1)	06/30/2011		06/30/2013		
TN033-012 (2)	06/30/2011		06/30/2013		

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Cookeville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43S03350109</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:</b> ARRA <b>FFY of Grant Approval:</b> ARRA 2009	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds	0.00				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0.00				
3	1408 Management Improvements	0.00				
4	1410 Administration (may not exceed 10% of line 21)	0.00				
5	1411 Audit	0.00				
6	1415 Liquidated Damages	0.00				
7	1430 Fees and Costs	28,354.00				
8	1440 Site Acquisition	0.00				
9	1450 Site Improvement	0.00				
10	1460 Dwelling Structures	1,157,000.00				
11	1465.1 Dwelling Equipment—Nonexpendable	0.00				
12	1470 Non-dwelling Structures	0.00				
13	1475 Non-dwelling Equipment	0.00				
14	1485 Demolition	0.00				
15	1492 Moving to Work Demonstration	0.00				
16	1495.1 Relocation Costs	0.00				
17	1499 Development Activities <sup>4</sup>	0.00				
18a	1501 Collateralization or Debt Service paid by the PHA	0.00				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00				
19	1502 Contingency (may not exceed 8% of line 20)	0.00				
20	Amount of Annual Grant: (sum of lines 2 – 19)	1,185,354.00				
21	Amount of line 20 Related to LBP Activities	0.00				
22	Amount of line 20 Related to Section 504 Activities	0.00				
23	Amount of line 20 Related to Security – Soft Costs	0.00				
24	Amount of Line 20 Related to Security – Hard Costs	0.00				
25	Amount of line 20 Related to Energy Conservation Measures	0.00				

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

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

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

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

<b>Part I: Summary</b>					
PHA Name: <b>Cookeville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43S03350109</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>ARRA</b> FFY OF Grant Approval: <b>ARRA 2009</b>	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	



Part II Supporting Pages								
PHA Name: Cookeville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S03350109 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: ARRA		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	A/E Services for Electrical Upgrades	1430	1	28,354.00				
TN033-001	Remove and Replace Roofing	1460	1	104,000.00				
TN033-002	Upgrade Electrical to 200 AMP	1460	1	91,200.00				
TN033-002	Replace Windows and Screens	1460	1	125,500.00				
TN033-003	Upgrade Electrical to 200 Amp	1460	1	44,000.00				
TN033-005	Remove and Replace Roofing	1460	1	43,300.00				
TN033-005	Upgrade Electrical to 200 AMP	1460	1	25,400.00				
TN033-006	Upgrade Electrical to 200 AMP (Site 1 and 2)	1460	1	98,900.00				
TN033-006	Remove and Replace Roofing (Site 1 and 2)	1460	1	103,000.00				
TN033-007	Upgrade Electrical to 200 AMP	1460	1	36,300.00				
TN033-008	Remove and Replace Roofing	1460	1	62,000.00				
TN033-008	Upgrade Electrical to 200 Amp	1460	1	54,450.00				
TN033-009	Remove and Replace Roofing	1460	1	39,000.00				
TN033-009	Upgrade Electrical to 200 Amp	1460	1	36,300.00				
TN033-010	Upgrade Electrical to 200 Amp (Site 1 and 2)	1460	1	100,250.00				
TN033-011	Remove and Replace Roofing	1460	1	69,700.00				
TN033-011	Upgrade Electrical to 200 Amp	1460	1	51,250.00				
TN033-012	Upgrade Electrical to 200 Amp (Site 1 and 2)	1460	1	25,200.00				
TN033-013	Remove and Replace Roofing	1460	1	47,250.00				

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

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

<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Cookeville Housing Authority</b>					Federal FY of Grant: <b>ARRA</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-Wide	06/30/2009		06/30/2010		
TN033-001	06/30/2009		06/30/2010		
TN033-002	06/30/2009		06/30/2010		
TN033-003	06/30/2009		06/30/2010		
TN033-005	06/30/2009		06/30/2010		
TN033-006	06/30/2009		06/30/2010		
TN033-007	06/30/2009		06/30/2010		
TN033-008	06/30/2009		06/30/2010		
TN033-009	06/30/2009		06/30/2010		
TN033-010	06/30/2009		06/30/2010		
TN033-011	06/30/2009		06/30/2010		
TN033-012	06/30/2009		06/30/2010		
TN033-013	06/30/2009		06/30/2010		

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cookeville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P03350108</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2009		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	1,000.00	1,000.00	1,000.00	0.00
3	1408 Management Improvements	40,000.00	40,000.00	40,000.00	14,659.09
4	1410 Administration (may not exceed 10% of line 21)	93,600.00	93,600.00	93,600.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	35,000.00	35,000.00	35,000.00	5,284.75
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	585,000.00	551,845.00	551,845.00	108,055.59
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	71,845.00	80,000.00	80,000.00	79,957.25
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	110,000.00	135,000.00	135,000.00	134,447.29
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	936,445.00	936,445.00	936,445.00	342,403.97
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
24	Amount of Line 20 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

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

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

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

<b>Part I: Summary</b>					
PHA Name: <b>Cookeville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P03350108</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2008</b> FFY OF Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:3/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date	Signature of Public Housing Director		Date

<b>Part II Supporting Pages</b>								
<b>PHA Name:</b> Cookeville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P03350108</b> CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Transfer of modernization funds to pay operating expenses	1406	1	1,000.00	1,000.00	1,000.00	0.00	
PHA-Wide	Pay the salary of the Resident Services Coordinator	1408	1	40,000.00	40,000.00	40,000.00	14,659.09	
PHA-Wide	Central Office Cost Center (COCC)	1410	1	93,600.00	93,600.00	93,600.00	0.00	
PHA-Wide	Architect / Engineer/Cookeville / Planning Services	1430	1	35,000.00	35,000.00	35,000.00	5,284.75	
PHA-Wide	Force Account labor for Modernization Activities	1460	1	275,000.00	241,845.00	241,845.00	105,080.14	
TN033 -005	Roofing and gutters	1460	1	70,000.00	70,000.00	70,000.00	0.00	
TN033 -009	Roofing	1460	1	75,000.00	75,000.00	75,000.00	0.00	
TN033-010(1)	Roofing and gutters	1460	1	140,000.00	140,000.00	140,000.00	-330.45	
TN033-012(2)	Roofing and gutter	1460	1	25,000.00	25,000.00	25,000.00	3,305.90	
TN033-010(1)	Construct new maintenance facility	1475	1	71,845.00	80,000.00	80,000.00	79,957.25	
TN033-16(3)	New Development in Algood (duplex)	1499	1	110,000.00	135,000.00	135,000.00	134,447.29	

<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Cookeville Housing Authority</b>					Federal FY of Grant: <b>2008</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA- Wide	06/12/10		06/12/12		
TN033 -005	06/12/10		06/12/12		
TN033 -009	06/12/10		06/12/12		
TN033 -010(1)	06/12/10		06/12/12		
TN033-012(2)	06/12/10		06/12/12		
TN033-016(3)	06/12/10		06/12/12		

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Cookeville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P03350107</b> Replacement Housing Factor Grant No: Date of CFFP: _____			<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds	0.00	0.00	0.00	0.00	
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	5,000.00	2,213.00	2,213.00	2,212.74	
3	1408 Management Improvements	40,000.00	43,721.00	43,721.00	43,721.26	
4	1410 Administration (may not exceed 10% of line 21)	87,239.00	87,239.00	87,239.00	87,239.00	
5	1411 Audit	0.00	0.00	0.00	0.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	
7	1430 Fees and Costs	35,000.00	57,080.00	57,080.00	57,080.31	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	0.00	0.00	0.00	0.00	
10	1460 Dwelling Structures	705,153.00	682,139.00	682,139.00	682,138.69	
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00	
14	1485 Demolition	0.00	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00	
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00	
20	Amount of Annual Grant: (sum of lines 2 – 19)	872,392.00	872,392.00	872,392.00	872,392.00	
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00	
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00	
23	Amount of line 20 Related to Security – Soft Costs	0.00	0.00	0.00	0.00	
24	Amount of Line 20 Related to Security – Hard Costs	0.00	0.00	0.00	0.00	
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00	

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

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

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

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

<b>Part I: Summary</b>					
PHA Name: <b>Cookeville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P03350107</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b> FFY OF Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	



<b>Part II Supporting Pages</b>								
<b>PHA Name:</b> Cookeville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P03350107</b> CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2007</b>		
<b>Development Number Name/HA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Dev. Acct No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>1</sup></b>	<b>Funds Obligated <sup>2</sup></b>	<b>Funds Expended <sup>2</sup></b>	
PHA-Wide	Transfer of modernization funds to pay operating expenses	1406	1	5,000.00	2,213.00	2,213.00	2,212.74	
PHA-Wide	Pay the salary of the Resident Services Coordinator	1408	1	40,000.00	43,721.00	43,721.00	43,721.26	
PHA-Wide	Central Office Cost Center (COCC)	1410	1	87,239.00	87,239.00	87,239.00	87,239.00	
PHA-Wide	Architect / Engineering / Planning Services	1430	1	35,000.00	57,080.00	57,080.00	57,080.31	
PHA-Wide	Force Account labor for Modernization Activities	1460	1	275,000.00	421,091.00	421,091.00	421,091.18	
PHA-Wide	New Development in Algood (2 Duplexes)	1460	1	240,153.00	185,306.00	185,306.00	185,305.97	
TN033 -003	Roofs	1460	1	55,000.00	75,742.00	75,742.00	75,741.54	
TN033 -006(1)	Roofs	1460	1	25,000.00	0.00	0.00	0.00	
TN033 -006(1)	Conversion of 0-bedroom and 1-bedroom units into 2 bedroom units (One conversion)	1460	1	55,000.00	0.00	0.00	0.00	
TN033 -010(2)	Roofs	1460	1	55,000.00	0.00	0.00	0.00	

<b>Part III: Implementation Schedule for Capital Fund Program</b>					
PHA Name: <b>Cookeville Housing Authority</b>					Federal FY of Grant: <b>2007</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA- Wide	09/30/09	3/31/08	09/30/11	12/31/08	
TN033 -003	09/30/09	3/31/08	09/30/11	12/31/08	
TN033 -006(1)	09/30/09	3/31/08	09/30/11	12/31/08	
TN033 -010(2)	09/30/09	3/31/08	09/30/11	12/31/08	

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

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

<b>PHA Name:</b> Cookeville Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P03350106</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>FY 2006</b>
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Original Annual Statement      Reserve for Disasters/ Emergencies       Revised Annual Statement (revision no: 3)  
 Performance and Evaluation Report for Period Ending:       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	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations	\$3,747.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$35,000.00	\$27,305.00	\$27,305.00	\$27,305.00
4	1410 Administration	\$60,000.00	\$66,293.00	\$66,293.00	\$66,293.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$45,000.00	\$42,510.00	\$42,510.00	\$42,510.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$610,772.00	\$618,723.00	\$618,723.00	\$618,723.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$600.00	\$567.00	\$567.00	\$567.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$147,000.00	\$146,721.00	\$146,721.00	\$146,721.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$902,119.00	\$902,119.00	\$902,119.00	\$902,119.00
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security – Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measure	\$0.00	\$0.00	\$0.00	\$0.00

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

PHA Name: <b>Cookeville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P03350106</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2006</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Transfer of modernization funds to pay operating expenses	1406	1	\$3,747.00	\$0.00	\$0.00	\$0.00	
PHA- Wide	Pay the salary of the Resident Services Coordinator	1408	1	\$35,000.00	\$27,305.00	\$27,305.00	\$27,305.00	
PHA- Wide	Pay the salary of the Facilities Manager	1410	1	\$60,000.00	\$66,293.00	\$66,293.00	\$66,293.00	
PHA-Wide	Architect / engineering / planning services	1430	1	\$45,000.00	\$42,510.00	\$42,510.00	\$42,510.00	
PHA- Wide	Force Account labor for Modernization Activities	1460	1	\$180,000.00	\$172,328.00	\$172,328.00	\$172,328.00	
PHA- Wide	New Development in Algood	1460	1	\$373,606.00	\$373,606.00	\$373,606.00	\$373,606.00	
PHA- Wide	Purchase non-dwelling equipment	1475	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Relocation	1495.1	1	\$600.00	\$567.00	\$567.00	\$567.00	
PHA-Wide	Debt service	1501	1	\$147,000.00	\$146,721.00	\$146,721.00	\$146,721.00	
TN033-007	Conversion of 0 and 1 bedroom units into 2 bedroom units	1460	2	\$57,166.00	\$68,525.00	\$68,525.00	\$68,525.00	
TN033-010(3)	Replace roofs	1460	1	\$0.00	\$4,264.00	\$4,264.00	\$4,264.00	

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

<b>PHA Name:</b> Cookeville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TN37P03350106 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> FY 2006	
<b>Development Number Name/HA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>			<b>All Funds Expended (Quarter Ending Date)</b>			<b>Reasons for Revised Target Dates</b>
	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
PHA-Wide	07/18/08		03/31/08	07/18/10		03/31/08	
TN33-007	07/18/08		03/31/08	07/18/10		03/31/08	
TN033-010(3)	07/18/08		03/31/08	07/18/10		03/31/08	

Expires 4/30/2011

<b>PART I: SUMMARY</b>						
PHA Name/Number <b>Cookeville Housing Authority / TN033</b>			Locality (City/County & State) <b>Cookeville / Putnam Co., Tennessee</b>		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	800,000.00	800,000.00	800,000.00	800,000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	ADMINISTRATION		89,000.00	89,000.00	89,000.00	89,000.00
F.	Other					
G.	Operations		5,000.00	5,000.00	5,000.00	5,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		894,000.00	894,000.00	894,000.00	894,000.00

**PART I: SUMMARY (CONTINUATION)**

PHA Name/Number <b>Cookeville Housing Authority / TN033</b>		Locality (City/county & State) <b>Cookeville / Putnam Co., Tennessee</b>			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <b>2009</b>	Work Statement for Year 2 FFY <b>2010</b>	Work Statement for Year 3 FFY <b>2011</b>	Work Statement for Year 4 FFY <b>2012</b>	Work Statement for Year 5 FFY <b>2013</b>
		Annual Statement				
	PHA-Wide		420,000.00	420,000.00	420,000.00	920,000.00
	TN033-001			190,000.00	100,000.00	
	TN033-002				260,000.00	
	TN033-003				95,000.00	
	TN033-006		50,000.00	40,000.00		
	TN033-006 (2)		135,000.00			
	TN033-010 (2)		285,000.00	280,000.00		
	TN033-011				15,000.00	10,000.00
	TN033-012 (1)		20,000.00			
	TN033-012 (2)		20,000.00		40,000.00	

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year: 3 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>PHA WIDE</b>		-	<b>PHA WIDE</b>		-
Annual	AE Services	1	40,000.00	AE Services	1	40,000.00
Statement	Force Account Labor	1	250,000.00	Force Account Labor	1	250,000.00
	<b>TN033-006(1)</b>			<b>TN033-001</b>		
	Unit Conversion (3 units)	1	50,000.00	HVAC	1	190,000.00
	<b>TN033-006 (2)</b>			<b>TN033-006(1)</b>		
	Replace Windows & Screens	1	135,000.00	Unit Conversion (3 units)	1	40,000.00
	<b>TN033-010 (2)</b>			<b>TN033-010 (2)</b>		
	Unit Conversion (20 units)	1	285,000.00	Unit Conversion (20 units)	1	280,000.00
	<b>TN033-012 (1 and 2)</b>					
	Roofing	1	40,000.00			
	Subtotal of Estimated Cost		800,000.00	Subtotal of Estimated Cost		800,000.00



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012			Work Statement for Year: 5 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>PHA WIDE</b>		-	<b>PHA WIDE</b>		-
Annual	AE Services	1	40,000.00	AE Services	1	40,000.00
Statement	Force Account Labor	1	250,000.00	Force Account Labor	1	250,000.00
				Site Improvements (utilities, grading, drainage, landscaping, paving, concrete, signage, curb appeal)	1	50,000.00
	<b>TN033-001</b>			Building Exterior (roofing, siding, gutters, downspouts, doors, windows, exterior trim)	1	50,000.00
	HVAC	1	100,000.00	Mechanical (HVAC, ventilation)	1	50,000.00
				Plumbing	1	50,000.00
	<b>TN033-002</b>			Kitchen Renovations	1	50,000.00
	HVAC	1	260,000.00	Bath Renovations	1	50,000.00
				Electrical Improvements (services, panels, outlets, switches, lighting, rewiring etc.)	1	40,000.00
	<b>TN033-003</b>			Finishes (floors, walls, ceilings)	1	40,000.00
	HVAC	1	95,000.00	Demolition (See list of units in Attachments: TN033-02, TN033-11, TN033-05)	1	120,000.00
				Disposition (TN033-011, Celina)	1	10,000.00
	<b>TN033-011</b>					
	HVAC	1	15,000.00			
	<b>TN033-012 (2)</b>					
	HVAC	1	40,000.00			
	Subtotal of Estimated Cost		800,000.00	Subtotal of Estimated Cost		800,000.00



