

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

1.0	PHA Information PHA Name: Greene Metropolitan Housing Authority _____ PHA Code: OH022 _____ 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): 04/01/2010																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 361 _____ Number of HCV units: 1390 _____																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The Greene Metropolitan Housing Authority is committed to providing quality affordable housing and services in an efficient and creative manner.																										
5.2	<p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>Goal One: Manage the Greene Metropolitan Housing Authority in a manner that results in full compliance with applicable statutes and regulations.</p> <p>Objectives:</p> <ol style="list-style-type: none"> HUD shall continue to recognize the Greene Metropolitan Housing Authority as a high performer. The Greene Metropolitan Housing Authority shall achieve and sustain an occupancy rate of 95% through December 31, 2015. <p>Goal Two: Assist our community to increase the availability of affordable, suitable housing for families in the very-low income range, cited as a need in our Consolidated Plan.</p> <p>Objectives:</p> <ol style="list-style-type: none"> The Greene Metropolitan Housing Authority shall assist 25 families move from renting to homeownership by December 31, 2015. <p>Goal Three: Manage the Greene Metropolitan Housing Authority's tenant-based program in an efficient and effective manner there by qualifying as a high-performer under SEMAP.</p> <p>Objectives:</p> <ol style="list-style-type: none"> The Greene Metropolitan Housing Authority shall achieve and sustain a Utilization rate of 100% by December 31, 2015, in its tenant-based Program. The Greene Metropolitan Housing Authority shall achieve and sustain an aggressive outreach program to attract at least ten (10) new landlords to participate in its program by December 31, 2015. <p>Goal Four: Ensure full compliance with all applicable standards and regulations including government generally accepted accounting principles.</p> <p>Objectives:</p> <ol style="list-style-type: none"> The Greene Metropolitan Housing Authority shall operate so that income exceeds expenses every year. <p>Goal Five: Enhance the image of public housing in our community.</p> <p>Objectives:</p> <ol style="list-style-type: none"> The Greene Metropolitan Housing Authority shall ensure that there are at least three (3) feature stories annually in the local media about the Housing Authority or one of its residents. 																										

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ol style="list-style-type: none"> 1. Participants in GMHA's Project TOTAL receive a priority point on the wait list for GMHA's housing programs. 2. Housing Choice Voucher Program – Cost Saving Possibilities 3. Housing Choice Voucher Program – Inspection Results and Time Frames 4. Public Housing – Revised Flat Rents 5. Public Housing – Clarification on Community Service to be performed each month, residents can appeal determination through grievance policy, changes in status reported in writing within ten days, and resident following grievance procedure has right to counsel and any judicial remedy. <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. 5-Year and Annual PHA Plan are in libraries in Beavercreek, Cedarville, Fairborn, Xenia, and Yellow Springs. Copies are also in the community rooms of GMHA's senior housing in Fairborn, Xenia, and Yellow Springs. A copy is maintained in the lobby of GMHA's office. GMHA intends to put a copy on its website.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. 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.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Greene County appears to have an adequate supply of affordable housing, but it is not distributed throughout the county. The cities of Fairborn and Xenia have available housing, but Beavercreek and Yellow Springs have little affordable housing. There is not enough public housing or Housing Choice Vouchers to assist all of the families, persons with disabilities, and seniors who need assistance. A number of the units in Fairborn and Xenia are in need of rehabilitation. Little new construction has occurred over the last few years and no new affordable housing has been built other than a few homes for homeownership programs.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. GMHA has started having housing fairs when housing choice vouchers are given out to bring landlords and voucher holders together. Staff specifically target areas such as Beavercreek and Yellow Springs to invite landlords and introduce them to the program. GMHA is challenged by the need for housing and available vouchers.</p>

	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Goal One: Manage the Greene Metropolitan Housing Authority in a manner that results in full compliance with applicable statutes and regulations.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. HUD shall continue to recognize the Greene Metropolitan Housing Authority as a high performer. From 2004 through 2009, GMHA has been a High-Performer. Goal Met. 2. The Greene Metropolitan Housing Authority shall achieve and sustain an occupancy rate of 95% by December 31, 2009. GMHA's occupancy rate for current fiscal year through December 31, 2009 is 98%. For each year of the prior years, GMHA has had above 95% occupancy rate. Goal met. <p>Goal Two: Assist our community to increase the availability of affordable, suitable housing for families in the very-low income range, cited as a need in our Consolidated Plan.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. The Greene Metropolitan Housing Authority shall assist 25 families move from renting to homeownership by December 31, 2009. From 2004 through December 2009, 28 very low-income families purchased homes through GMHA's non-profit Sensible Shelter's Individual Development Account Program (IDA). The IDA Program provides a 2 to one match to participants into a restricted savings account. Funds from the savings account can be used for home purchase, education, or business start-up. Most participants use funds for education and home purchase. Goal met. <p>10.0 Goal Three: Manage the Greene Metropolitan Housing Authority's tenant-based program in an efficient and effective manner there by qualifying as a high-performer under SEMAP.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. The Greene Metropolitan Housing Authority shall achieve and sustain a Utilization rate of 100% by December 31, 2009, in its tenant-based Program. Utilization rate varied from 95% to 100% over last five years. GMHA has qualified as a High-Performer for each fiscal year from 2004 through December 31, 2009. Goal met. 2. The Greene Metropolitan Housing Authority shall achieve and sustain an aggressive outreach program to attract at least ten (10) new landlords to participate in its program by December 31, 2009. GMHA has exceeded the goal to attract new landlords to the Housing Choice Voucher Program. In 2009, over ten new landlords are participating in the program. Goal met. <p>Goal Four: Ensure full compliance with all applicable standards and regulations including government generally accepted accounting principles.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. The Greene Metropolitan Housing Authority shall operate so that income exceeds expenses every year. Over the last five years, GMHA's income has exceeded its expenses. Goal met <p>Goal Five: Enhance the image of public housing in our community.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. The Greene Metropolitan Housing Authority's leadership shall speak to at least ten (10) civic, religious, or fraternal groups a year between now and December 31, 2009, to explain the importance of partnership. GMHA staff have made presentations to over 10 groups over the last five years. Goal met 2. The Greene Metropolitan Housing Authority shall ensure that there are at least three (3) feature stories annually in the local media about the Housing Authority or one of its residents. GMHA has had over 3 articles in the local media in each of the years from 2002 through 2009. Goal met. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, or objectives, or plans of the agency and which require formal approval of the Board of Commissioners.</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none">(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)
-------------	---

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

Expires 4/30/2011

Part I: Summary							
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No: OH10S02250109 Date of CFFP: _____				FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹			
		Original	Revised ²	Obligated	Expended		
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00		
2	1406 Operations (may not exceed 20% of line 20) ³	\$0.00	\$0.00	\$0.00	\$0.00		
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00		
4	1410 Administration (may not exceed 10% of line 20)	\$67,302.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00		
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	\$610,675.00	\$0.00	\$0.00	\$0.00		
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	1492 Moving to Work Demonstratoin	\$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 ⁴	\$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)	\$677,977.00	\$0.00	\$0.00	\$0.00		
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		
Signature of Executive Director		Date:		Signature of Public Housing Director		Date:	

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

Part II: Supporting Pages								
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No.: OH10S02250109 CFFP (Yes/No): RHF Grant No.:				Federal FFY of Grant: 2009		
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	TECHNICAL SALARIES	1410		\$67,302.00	\$0.00	\$0.00	\$0.00	
OH10P02200-181	COMPACT FLOURESCENT BULBS	1460	0	\$2,481.00	\$0.00	\$0.00	\$0.00	
	GEOHERMAL FURNACES	1460	1	\$12,000.00	\$0.00	\$0.00	\$0.00	
OH10P02200-182	COMPACT FLOURESCENT BULBS	1460		\$4,515.00	\$0.00	\$0.00	\$0.00	
	REPLACEMENT FURNACES 92%	1460	30	\$66,000.00	\$0.00	\$0.00	\$0.00	
	GEOHERMAL FURNACES	1460	7	\$84,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATERS	1460	30	\$39,000.00	\$0.00	\$0.00	\$0.00	
	WINDOWS	1460	20	\$20,700.00	\$0.00	\$0.00	\$0.00	
	INSULATE ATTICS	1460	19	\$6,650.00	\$0.00	\$0.00	\$0.00	
	INSULATE CRAWL SPACE	1460	21	\$12,600.00	\$0.00	\$0.00	\$0.00	
	INSULATE BASEMENT	1460	11	\$6,600.00	\$0.00	\$0.00	\$0.00	
	REHAB UNITS	1460	5	\$225,000.00	\$0.00	\$0.00	\$0.00	
OH10P02200-183	WINDOWS - HAWTHORNE	1460	50	\$41,500.00	\$0.00	\$0.00	\$0.00	
	COMPACT FLOURESCENT BULBS	1460		\$4,179.00	\$0.00	\$0.00	\$0.00	
	REPLACEMENT FURNACES 92%	1460	10	\$22,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATERS	1460	10	\$13,000.00	\$0.00	\$0.00	\$0.00	
	WINDOWS	1460	1	\$2,000.00	\$0.00	\$0.00	\$0.00	
	INSULATE ATTICS	1460	3	\$1,050.00	\$0.00	\$0.00	\$0.00	
	INSULATE CRAWL SPACE	1460	2	\$1,200.00	\$0.00	\$0.00	\$0.00	
	INSULATE BASEMENT	1460	2	\$1,200.00	\$0.00	\$0.00	\$0.00	
	REHAB UNITS	1460	1	\$45,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No.: OH10S02250109 CFFP (Yes/No): RHF Grant No.:			Federal FFY of Grant: 2009			
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised¹	Funds Obligated²	Funds Expended²	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$677,977.00	\$0.00	\$0.00	\$0.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Greene Metropolitan Housing Authority				Federal FFY of Grant: 2009	
Development Number/ Name/PHA-wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dates 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/RHF) Part I: Summary

PHA Name: <b style="color: blue;">Greene Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.	Federal FY of Grant: <b style="color: blue;">2006
--	---	--

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No.: **8/25/2009**)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending:

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	\$10,000.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$77,085.00	\$77,085.00	\$77,085.00	\$77,085.00
4	1410 Administration	\$51,390.00	\$51,390.00	\$51,390.00	\$51,390.00
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	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$41,000.00	\$19,188.20	\$19,188.20	\$19,188.20
10	1460 Dwelling Structures	\$291,480.00	\$322,050.18	\$322,050.18	\$322,050.18
11	1465.1 Dwelling Equipment - Nonexpendable	\$30,000.00	\$18,780.00	\$18,780.00	\$18,780.00
12	1470 Nondwelling Structures	\$23,425.00	\$12,218.95	\$12,218.95	\$12,218.95
13	1475 Nondwelling Equipment	\$23,000.00	\$46,667.67	\$46,667.67	\$46,667.67
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	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization Expenses or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00
	Amount of Annual Grant: (Total)	\$557,380.00	\$557,380.00	\$557,380.00	\$557,380.00
	Amount of Annual Grant	\$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/RHF) Part I: Summary

PHA Name: Greene Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.	Federal FY of Grant: 2006
---	---	-------------------------------------

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No.: **8/25/2009**)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending:

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Amount of line XX Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of line XX Related to Section 504 Compliance:	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of line XX related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of Line XX Related to Energy Conservation Measures	\$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/RHF)
Part II: Supporting Pages

PHA Name:		Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.			Federal FY of Grant:			
GREENE METROPOLITAN HOUSING AUTHORITY					2006			
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA WIDE	RESIDENT JOB TRAINING	1408		\$44,000.00	\$65,282.11	\$65,282.11	\$65,282.11	complete
	STAFF DEVELOPMENT	1408		\$20,000.00	\$11,384.89	\$11,384.89	\$11,384.89	complete
	COMPUTER SOFTWARE	1408		\$13,085.00	\$418.00	\$418.00	\$418.00	complete
	NON TECH SALARIES	1410		\$10,000.00	\$8,950.36	\$8,950.36	\$8,950.36	complete
	TECHNICAL SALARIES	1410		\$28,000.00	\$29,938.02	\$29,938.02	\$29,938.02	complete
	EMPLOYMENT BENEFITS	1410		\$13,390.00	\$12,501.62	\$12,501.62	\$12,501.62	complete
	OPERATIONS	1406		\$10,000.00	\$0.00	\$0.00	\$0.00	
	PLANNING/CONSULTANTS	1430		\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	complete
	OFFICE WINDOWS	1470		\$5,000.00	\$7,386.79	\$7,386.79	\$7,386.79	complete
	REMODEL BATHROOM	1470		\$10,425.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT	1475		\$10,000.00	\$7,582.31	\$7,582.31	\$7,582.31	complete
	AUTOMOTIVE EQUIPMENT	1475		\$0.00	\$17,058.95	\$17,058.95	\$17,058.95	from CF2010
	COMP	1475		\$10,000.00	\$1,585.19	\$1,585.19	\$1,585.19	complete
	MAINTENANCE EQUIPMENT	1475		\$3,000.00	\$4,422.90	\$4,422.90	\$4,422.90	complete
	TRUCK	1475		\$0.00	\$14,867.40	\$14,867.40	\$14,867.40	from CF2010
OH10P022001	CONCRETE	1450		\$5,000.00	\$129.60	\$129.60	\$129.60	complete
	ELECTRICAL UPGRADE	1460		\$23,580.00	\$62,517.23	\$62,517.23	\$62,517.23	complete
	FLOORING	1460		\$0.00	\$1,787.96	\$1,787.96	\$1,787.96	complete
OH10P022002	SMOKE DETECTORS	1460		\$12,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATER	1460		\$0.00	\$242.43	\$242.43	\$242.43	from CF2010
	EXTERIOR LIGHTING	1450		\$3,000.00	\$0.00	\$0.00	\$0.00	
	FLOORING	1460		\$0.00	\$1,690.73	\$1,690.73	\$1,690.73	from CF2008
OH10P022004	REMODEL COMMUNITY ROOM	1470		\$8,000.00	\$4,832.16	\$4,832.16	\$4,832.16	complete
	WATER HEATER	1460		\$4,000.00	\$4,006.42	\$4,006.42	\$4,006.42	complete
	CONCRETE	1450		\$3,000.00	\$3,980.00	\$3,980.00	\$3,980.00	complete
	BOILER	1460		\$0.00	\$2,714.28	\$2,714.28	\$2,714.28	complete
OH10P022005	REPLACE ROOFS	1460		\$10,000.00	\$79,828.80	\$79,828.80	\$79,828.80	complete

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

PHA Name: GREENE METROPOLITAN HOUSING AUTHORITY		Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.			Federal FY of Grant: 2006			
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH10P022010	FLOORING	1460		\$10,000.00	\$12,281.95	\$12,281.95	\$12,281.95	complete
	TREE TRIMMING	1450		\$0.00	\$650.00	\$650.00	\$650.00	from CF2008
OH10P022011	REMODEL BATHROOM	1460		\$5,000.00	\$942.48	\$942.48	\$942.48	complete
	TREE TRIMMING	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
OH10P022012	UNIT REHAB	1460		\$50,000.00	\$40,253.59	\$40,253.59	\$40,253.59	complete
	APPLIANCES	1465.1		\$30,000.00	\$18,780.00	\$18,780.00	\$18,780.00	complete
	FURNACES	1460		\$10,000.00	\$0.00	\$0.00	\$0.00	
	WINDOWS	1460		\$16,000.00	\$15,898.80	\$15,898.80	\$15,898.80	complete
	FLOORING	1460		\$0.00	\$7,347.25	\$7,347.25	\$7,347.25	from CF2007
	STORM DOORS	1460		\$4,400.00	\$0.00	\$0.00	\$0.00	
	PATIO DOORS	1460		\$3,500.00	\$1,230.58	\$1,230.58	\$1,230.58	complete
	CONCRETE	1450		\$0.00	\$376.30	\$376.30	\$376.30	from CF2007
	SEWER LINE REPLACE	1450		\$0.00	\$538.10	\$538.10	\$538.10	from CF2008
	GARAGE DOORS	1460		\$0.00	\$1,370.00	\$1,370.00	\$1,370.00	from CF2009
OH10P022013	EXTERIOR LIGHTING	1450		\$1,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR CONCRETE	1450		\$10,000.00	\$11,469.60	\$11,469.60	\$11,469.60	complete
	FLOORING	1460		\$0.00	\$337.00	\$337.00	\$337.00	from CF2008
OH10P022014	EXTERIOR DOORS	1460		\$2,000.00	\$198.00	\$198.00	\$198.00	complete
	TREE TRIMMING	1450		\$5,000.00	\$0.00	\$0.00	\$0.00	
OH10P022015	WATER HEATER	1460		\$12,000.00	\$512.44	\$512.44	\$512.44	complete
	TREE TRIMMING	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
	FLOORING	1460		\$0.00	\$6,442.02	\$6,442.02	\$6,442.02	from CF2008
	PLAYGROUND EQUIPMENT	1475		\$0.00	\$1,150.92	\$1,150.92	\$1,150.92	from CF2009
OH10P022016	REHAB UNITS	1460		\$50,000.00	\$16,756.39	\$16,756.39	\$16,756.39	complete
	ROOFS	1460		\$0.00	\$7,169.53	\$7,169.53	\$7,169.53	from CF2007
	REMODEL BATHROOM	1460		\$20,000.00	\$6,465.74	\$6,465.74	\$6,465.74	complete
	REPLACE WINDOWS	1460		\$50,000.00	\$51,286.20	\$51,286.20	\$51,286.20	complete

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

PHA Name: GREENE METROPOLITAN HOUSING AUTHORITY		Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.			Federal FY of Grant: 2006			
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
	OVERHEAD DOORS	1460		\$1,000.00	\$105.00	\$105.00	\$105.00	complete
	TREE TRIMMING	1450		\$0.00	\$1,915.00	\$1,915.00	\$1,915.00	from CF2009
OH10P022017	EXTERIOR CONCRETE	1450		\$2,000.00	\$129.60	\$129.60	\$129.60	complete
	LANDSCAPING	1450		\$4,000.00	\$0.00	\$0.00	\$0.00	
	TREE TRIMMING	1450		\$1,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATER	1460		\$0.00	\$335.53	\$335.53	\$335.53	from CF2007
	ENERGY AUDIT	1460		\$8,000.00	\$0.00	\$0.00	\$0.00	
OH10P022018	TREE TRIMMING	1450		\$3,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATER	1460		\$0.00	\$329.83	\$329.83	\$329.83	from CF2011
				\$557,380.00	\$557,380.00	\$557,380.00	\$557,380.00	

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

PHA Name: Greene Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.			Federal FY of Grant: 2006	
Development Number/Name/PHA-wide Activities	All Fund Obligated (Quarter Ending Date)			All Fund Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	7/18/2008			7/18/2010			
OH10P022001	7/18/2008			7/18/2010			
OH10P022002	7/18/2008			7/18/2010			
OH10P022004	7/18/2008			7/18/2010			
OH10P022010	7/18/2008			7/18/2010			
OH10P022011	7/18/2008			7/18/2010			
OH10P022012	7/18/2008			7/18/2010			
OH10P022013	7/18/2008			7/18/2010			
OH10P022014	7/18/2008			7/18/2010			
OH10P022015	7/18/2008			7/18/2010			
OH10P022016	7/18/2008			7/18/2010			
OH10P022017	7/18/2008			7/18/2010			
OH10P022018	7/18/2008			7/18/2010			

NEEDS ASSESSMENT

The Quality Housing and Work Responsibility Act of 1998 requires that housing authorities set forth in our Annual Plan a Needs Assessment of the housing needs of our jurisdiction and our waiting list. Also, we are required to state how we intend to address these needs.

Attached is the information contained in the Housing Needs Section of the Fairborn Consolidated Plan, Greene County CHIS, and Xenia CHIS. It shows there is a significant need for additional affordable housing resources in our community. Also, per the requirements, we have attached data and tables that provide an analysis of our waiting list.

The information was analyzed in the following manner. We gathered data from our waiting lists and we then looked at this information from the perspective of the required groups and for factors set forth in the regulations. Finally, we consulted with our local municipalities to ensure that they agree with our analysis.

The Greene Metropolitan Housing Authority used this analysis to prepare our five-year goals and objectives. It reflects our priorities that we have set forth in our Mission Statement.

Section 8 Housing Choice Voucher wait list is currently open after having been closed for about six months in 2009. The GMHA Board of Commissioners has determined that the Section 8 Housing Choice Voucher wait list will close to all but homeless families and individuals when it reaches 1,200. The Public Housing wait list is open. Public Housing does not have a site-based wait list. Both programs have a preference for local residency.

Our agency is part of the entire effort undertaken by the Housing Coalition of Greene County to address our jurisdiction's affordable housing needs. As stated above, the need for housing includes assistance for low-income families that are rent burdened. While we cannot ourselves meet the entire need identified here, in accordance with our goals included in this Plan, we will try to address some of the identified needs by using appropriate resources to maintain and preserve our existing stock. When appropriate and feasible, we will apply for additional grants and loans from federal, state and local sources, including private sources to help add to the affordable housing available in our community. We intend to work with our local partners, Greene County Department of Job and Family Services, American Red Cross, Family Violence Prevention Center of Greene County, Women's Recovery, Community Action Partnership, Children's Service Board, TCN Behavioral Health Services, Habitat For Humanity, Interfaith Hospitality Network, Homecroft, Veterans Services, Greene County Department of Development, Greene County Fair Housing, the City of Fairborn, the City of Xenia and Western Ohio Legal Services Association to try to meet these identified needs.

This year, we expect to receive \$10,633,300 for our existing Public Housing, Section 8, and other housing related programs. We will continue to use those resources to house people. The wait time on our public housing waiting list has increased from 17 months a year ago to 29 months. Wait list time for Section 8 is 37 months. We anticipate using \$525,000 for

modernization of our Public Housing units. Priorities and guidelines for programs often change from year to year and our decisions to pursue certain opportunities and resources may also change over the coming year if there are program changes beyond our control. Our Section 8 waiting list has increased from last year. With financial assistance from Jobs and Family Services, foundations, financial institutions, and grants, we expanded our Individual Development Account program.

ANALYSIS OF THE PUBLIC HOUSING WAITING LIST

Total Number of Families on the Waiting List	706
 Bedroom Breakdown:	
One Bedroom Applicants	215
Two Bedroom Applicants	413
Three Bedroom Applicants	59
Four Bedroom Applicants	18
Five Bedroom Applicants	1
Six or more Bedroom Applicants	0
 Income Distribution of Applicants:	
Applicants between 50% and 80% of Median	107
Applicants between 30% and 49.9% of Median	120
Applicants at less than 30% of Median	479
 Number of Applicant Families Headed by an Elderly Person	 65
Number of Applicant Families with a Person with a Disability	259
 Racial/Ethnic Breakdown:	
White (Non-Hispanic)	515
Black (Non-Hispanic)	181
American Indian/Native Alaskan	5
Asian or Pacific Islander	3
Hispanic	0
Other	2
 Average Length of Time to Receive Housing (in months)	 29 months
 If waiting list is closed, date it closed	 N/A

ANALYSIS OF THE SECTION 8 WAITING LIST

Total Number of Families on the Waiting List	489
 Bedroom Breakdown:	
One Bedroom Applicants	358
Two Bedroom Applicants	70
Three Bedroom Applicants	56
Four Bedroom Applicants	4
Five Bedroom Applicants	1
Six or more Bedroom Applicants	0
 Income Distribution of Applicants:	
Applicants between 50% and 80% of Median	7
Applicants between 30% and 49.9% of Median	58
Applicants at less than 30% of Median	424
 Number of Applicant Families Headed by an Elderly Person	 22
Number of Applicant Families with a Person with a Disability	61
 Racial/Ethnic Breakdown:	
White (Non-Hispanic)	251
Black (Non-Hispanic)	231
American Indian/Native Alaskan	2
Asian or Pacific Islander	3
Hispanic	0
Other	2
 Average Length of Time to Receive Housing (in months)	 37 months
 If waiting list is closed, date it closed	 N/A
*** Except for homeless individuals and families	

JURISDICTIONAL NEEDS ASSESSMENT TABLE

Table 1. Needs of Specific Families in the Jurisdiction			
	EXTREMELY LOW INCOME	ELDERLY, DISABLED	RACIAL/ETHNIC GROUP
Affordability Issues	There are approximately 8,261 renter families below 80% median income range in the county.	Cost burden is higher for extremely low-income seniors and disabled needing smaller units.	None determined.
Supply of Housing	Greene County has experienced a decrease in construction of affordable housing in the last year.	There are not sufficient affordable units available.	None determined.
Quality of Housing	There are of homes in need of repairs.	Newer affordable units being built have been primarily for seniors.	None determined
Accessibility	More accessible units are needed or landlords willing to modify units.	Needs are better met for this group than for families.	Needs seem to be met.
Size	In most of the county, there is a greater need of smaller units. Fairborn has a higher number of larger families in the 51-80% median income range.	Due to need for smaller units, there are smaller families mismatched with larger units.	None determined.
Location of Housing	Affordable units are scattered throughout the county although several communities have higher housing costs and few vouchers are used.	Scattered throughout the county.	None determined.

PUBLIC HOUSING WAITING LIST NEEDS ASSESSMENT TABLE

Table 2. Needs of Specific Families on the Public Housing Waiting List			
	EXTREMELY LOW INCOME	ELDERLY, DISABLED	RACIAL/ETHNIC GROUP
Affordability Issues	We expect a continued demand for this category based on county information.	New housing tax credit apartment open in Xenia, which should reduce the waiting list time.	None determined.
Supply of Housing	Waiting list average time has been increased from 17 months to 29 months.	There are times that the supply seems adequate, but other times when there is little turnover.	None determined.
Quality of Housing	Existing units are of good quality.	Existing units are of good quality.	None determined.
Accessibility	Good supply.	Good supply.	None determined.
Size	Adequate supply.	Adequate supply.	None determined.
Location of Housing	Scattered site housing in five communities – Xenia, Fairborn, Beavercreek, Yellow Springs, and Cedarville	Located in three communities near services and churches.	None determined.

SECTION 8 WAITING LIST NEEDS ASSESSMENT TABLE

Table 3. Needs of Specific Families on the Section 8 Waiting List			
	EXTREMELY LOW INCOME	ELDERLY, DISABLED	RACIAL/ETHNIC GROUP
Affordability Issues	Although some families report problems in finding housing, GMHA has new landlords coming onto the program each month. GMHA is able to maintain almost 96 to 100% annual occupancy rate.	Good supply of affordable, quality housing.	None determined.
Supply of Housing	Greene County has seen construction decline in last few years.	Units in need include 0-1 bedroom.	None determined.
Quality of Housing	There are a percentage of housing units in need of repair. Fairborn and Xenia have programs to assist home owners	Need seems to be met.	None determined.
Accessibility	Need seems to be met.	Need seems to be met.	None determined.
Size	In most of the county, there is a greater need of smaller units. Fairborn has a higher number of larger families in the 51-80% median income range.	Due to need for smaller units, there are smaller families mismatched with larger units.	None determined.
Location of Housing	Affordable units are scattered throughout the county. Several communities have higher housing costs.	Scattered throughout the county.	None determined.

EXECUTIVE SUMMARY

The Greene Metropolitan Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following vision and mission statements to guide the activities of the Greene Metropolitan Housing Authority:

Vision

Housing That Works To Enhance Life in Greene County!

Mission

The Greene Metropolitan Housing Authority is committed to providing quality, affordable housing and services in an efficient and creative manner.

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

- We have adopted ten (10) local preference categories. The categories are: 1) Family, Elderly, Single Pregnant, or Single Disabled-2) Near Elderly 3) Involuntarily Displaced, which includes disaster victims 4) Domestic Violence/Displacement/Substandard Housing or Homeless 5) Paying more than 50% of Income for Rent 6) Working/Disabled/Elderly 7) US Veteran, 8) Local Concern, 9) Completion of OSU Extension's Spending Smartly Curriculum, and 10) Participation in Project TOTAL.
- We have adopted an aggressive screening policy for public housing to ensure to the best of our ability that new admissions will be good neighbors. Our screening practices will meet all fair housing requirements.
- We have implemented a deconcentration policy.
- Applicants will be selected from the waiting list by number of points from preference categories and in order of the date and time they applied.
- We have established a minimum rent of \$50 for both our Public Housing Program and Section 8 Program.

- We have established flat rents and ceiling rents, which are the same, for all of our public housing developments.
- We are requiring interim recertifications when Section 8 participants and Public Housing residents have a change in income, either increase or decrease.
- We plan to utilize payment standards that are between 90% and 100% based on bedroom size of the published FMR's as our payment standard for the Section 8 program in order to provide housing opportunities to participants and to operate the program with reduced funding. We may choose to set the payment standard between 90% and 110% of the FMR if needed.
- We are utilizing HUD's Enterprise Income Verification (EIV) System to discover unreported income of program participants. GMHA may pursue prosecution of fraud cases in excess of \$2,000.
- Through GMHA's nonprofit, Sensible Shelter, Inc., an Individual Development Account Program is operated. Sensible Shelter, Inc. also pursues opportunities to develop affordable housing in Greene County.
- GMHA operates Project TOTAL with state funds. Project TOTAL's goal is to assist homeless families and individuals to find and maintain permanent housing. Project TOTAL participates in the Central Intake through Community Action Partnership.
- We are defining for our programs Greene County residency to be someone in Greene County for 90 days.
- Single Applicants will not be housed unless there are no eligible Families, Elderly, Near Elderly, or Single Applicants with disabilities on the waiting list.
- Public Housing will select applicants using the established preferences 90% of the time and will select working applicants 10% of the time.
- GMHA is requested from HUD an extension of compliance with management fees through 2011. This is included in the section Asset Management starting at page 17-1. GMHA's current fees for its Central Office Cost Center are not enough to support the current Central Office Costs. GMHA presents in the Asset Management section a schedule to achieve fee reasonableness by 2011.
- A goal of GMHA is to fully act in accordance with the Violence Against Women Act (VAWA). Attached to this section are statements regarding VAWA for the Section 8 Housing Choice Voucher Program and Public Housing.

- GMHA's Section 8 Housing Choice Voucher Program wait list reopened in 2009 when the number of applicants dropped to 800.

In summary, we are on course to improve the condition of affordable housing in Greene County.

Civil Rights Certification

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

Civil Rights Certification**Annual Certification and Board Resolution**

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

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

Greene Metropolitan Housing Authority

OH022

PHA Name

PHA Number/HA Code

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

Name of Authorized Official

Susan Stiles

Title

Executive Director

Signature



Date

12/17/2009

**Certification of Payments
to Influence Federal Transactions**

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

Applicant Name

Greene Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Program, Capital Fund Program, and Housing Choice Voucher Program

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

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


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

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

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

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

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

Name of Authorized Official Susan Stiles	Title Executive Director
Signature 	Date (mm/dd/yyyy) 12/17/2009

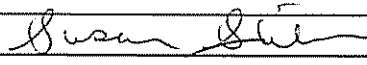
DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 7th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Couldn't put information in Box 4 Greene Metropolitan Housing Authority 538 N. Detroit Street Xenia, OH 45385 Congressional District, if known:	
6. Federal Department/Agency: HUD	7. Federal Program Name/Description: Housing Assistance CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> NA	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> NA	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Susan Stiles</u> Title: <u>Executive Director</u> Telephone No.: <u>937-352-0251</u> Date: <u>12/17/2009</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Greene Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing, Capital Funds, Housing Choice Voucher Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

538 N. Detroit Street
Xenia, OH 45385

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

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

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

Name of Authorized Official

Susan Stiles

Title

Executive Director

Signature

X 

Date

12/17/2009

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 4/1/2010 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

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

Greene Metropolitan Housing Authority

OH022

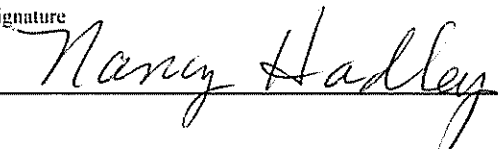
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20¹⁰ - 20¹⁴

Annual PHA Plan for Fiscal Years 20__ - 20__

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

Name of Authorized Official Nancy Hadley	Title Vice-Chair
Signature 	Date 01/11/2010

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/RHF) Part I: Summary

PHA Name: <b style="color: blue;">Greene Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH10P02250108 Replacement Housing Factor Grant No.	Federal FY of Grant: <b style="color: blue;">2008
--	---	--

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No.: 12/31/2009)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending:

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	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$59,000.00	\$0.00	\$27,000.00	\$15,810.42
4	1410 Administration	\$53,561.00	\$0.00	\$54,501.51	\$54,501.51
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	\$5,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$48,000.00	\$0.00	\$24,234.22	\$24,234.22
10	1460 Dwelling Structures	\$317,250.00	\$0.00	\$193,735.33	\$88,924.92
11	1465.1 Dwelling Equipment - Nonexpendable	\$20,000.00	\$0.00	\$15,000.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$32,800.00	\$0.00	\$3,354.94	\$3,354.94
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	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization Expenses or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00
	Amount of Annual Grant: (Total)	\$535,611.00	\$0.00	\$317,826.00	\$186,826.01
	Amount of Annual Grant	\$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/RHF) Part I: Summary

PHA Name: <b style="color: blue;">Greene Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH10P02250108 Replacement Housing Factor Grant No.	Federal FY of Grant: <b style="color: blue;">2008
--	---	--

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No.: **12/31/2009**)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending:

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Amount of line XX Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of line XX Related to Section 504 Compliance:	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of line XX related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of Line XX Related to Energy Conservation Measures	\$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/RHF)
Part II: Supporting Pages

PHA Name: GREENE METROPOLITAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No. OH10PO2250108 Replacement Housing Factor Grant No.				Federal FY of Grant: 2008		
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA WIDE	RESIDENT JOB TRAINING	1408		\$44,000.00	\$0.00	\$24,039.70	\$12,850.12	IN PROCESS
	STAFF DEVELOPMENT	1408		\$5,000.00	\$0.00	\$2,235.35	\$2,235.35	IN PROCESS
	COMPUTER SOFTWARE	1408		\$10,000.00	\$0.00	\$724.95	\$724.95	IN PROCESS
	NON TECH SALARIES	1410		\$8,561.00	\$0.00	\$13,652.98	\$13,652.98	complete
	TECHNICAL SALARIES	1410		\$31,000.00	\$0.00	\$27,268.73	\$27,268.73	complete
	EMPLOYMENT BENEFITS	1410		\$14,000.00	\$0.00	\$13,579.80	\$13,579.80	complete
	PLANNING/CONSULTANTS	1430		\$5,000.00	\$0.00	\$0.00	\$0.00	
	OFFICE FURNITURE /EQUIPMENT	1475		\$10,000.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT	1475		\$15,000.00	\$0.00	\$1,256.82	\$1,256.82	
	LAWN EQUIPMENT	1475	4	\$1,800.00	\$0.00	\$1,332.62	\$1,332.62	
	MAINTENANCE EQUIPMENT	1475		\$4,000.00	\$0.00	\$765.50	\$765.50	
OH10P022001	LANDSCAPING	1450	4	\$2,000.00	\$0.00	\$0.00	\$0.00	
	REHAB BATHROOMS	1460	2	\$10,000.00	\$0.00	\$0.00	\$0.00	
OH10P022002	ELECTRICAL UPGRADE	1460	50	\$25,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR CONCRETE	1450		\$0.00	\$0.00	\$7,243.00	\$7,243.00	
	FLOORING	1460	4	\$2,000.00	\$0.00	\$5,068.51	\$5,068.51	
OH10P022004	FLOORING	1460	4	\$4,000.00	\$0.00	\$1,193.78	\$1,193.78	
	PLUMBING	1460	1	\$5,000.00	\$0.00	\$0.00	\$0.00	
	PATIO DOOR REPLACEMENT	1460	26	\$42,000.00	\$0.00	\$56,965.31	\$3,467.80	
	CEILING TILE	1460		\$3,000.00	\$0.00	\$0.00	\$0.00	
OH10P022005	REHAB UNITS	1460	2	\$37,250.00	\$0.00	\$34,378.57	\$29,378.57	
OH10P022010	TREE TRIMMING	1450		\$2,000.00	\$0.00	\$2,000.00	\$350.00	
	FLOORING	1460		\$0.00	\$0.00	\$4,055.97	\$4,055.97	
	REHAB BATHROOMS	1460	2	\$10,000.00	\$0.00	\$0.00	\$0.00	
OH10P022011	LANDSCAPING	1450	6	\$4,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATER	1460		\$0.00	\$0.00	\$325.29	\$325.29	
OH10P022012	SEWER LINES	1450	1	\$5,000.00	\$0.00	\$5,268.00	\$2,268.00	

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

PHA Name: GREENE METROPOLITAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant Replacement Housing Factor Grant No. OH10PO2250108				Federal FY of Grant: 2008		
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
	REMOVE OIL TANKS	1450	4	\$10,000.00	\$0.00	\$0.00	\$0.00	
	REHAB BATHROOMS	1460	3	\$15,000.00	\$0.00	\$4,469.32	\$4,469.32	
	WATER HEATER	1460		\$0.00	\$0.00	\$326.62	\$326.62	
	REPLACE ROOFS	1460		\$0.00	\$0.00	\$13,128.48	\$13,128.48	
	REHAB UNITS	1460	3	\$75,000.00	\$0.00	\$35,000.00	\$3,337.10	
	LANDSCAPING	1450	4	\$5,000.00	\$0.00	\$400.00	\$400.00	
OH10P022013	FLOORING	1460	4	\$5,000.00	\$0.00	\$4,052.08	\$4,052.08	
	SIDING, SOFFIT , GUTTER, SPOUTING	1460	3	\$1,000.00	\$0.00	\$0.00	\$0.00	
	TREE TRIMMING	1450		\$2,000.00	\$0.00	\$1,300.00	\$1,300.00	
	REHAB UNITS	1460		\$0.00	\$0.00	\$2,236.60	\$2,236.60	
	LAWN EQUIPMENT	1475	4	\$2,000.00	\$0.00	\$0.00	\$0.00	
OH10P022014	REHAB BATHROOMS	1460	1	\$5,000.00	\$0.00	\$0.00	\$0.00	
OH10P022015	FLOORING	1460	10	\$45,000.00	\$0.00	\$1,443.50	\$1,443.50	
	REHAB UNITS	1460		\$0.00	\$0.00	\$2,062.18	\$2,062.18	
OH10P022016	EXTERIOR DOORS	1460	12	\$10,000.00	\$0.00	\$3,015.00	\$3,015.00	
	LANDSCAPING	1450	5	\$5,000.00	\$0.00	\$0.00	\$0.00	
	APPLIANCES	1465.1	20	\$20,000.00	\$0.00	\$15,000.00	\$0.00	
	SEWER LINES	1450	2	\$6,000.00	\$0.00	\$4,673.22	\$4,673.22	
	REPLACE FURNACES	1460	3	\$10,000.00	\$0.00	\$1,800.00	\$1,800.00	
OH10P022017	EXTERIOR CONCRETE	1450		\$5,000.00	\$0.00	\$8,000.00	\$8,000.00	
	WATER HEATER	1460		\$0.00	\$0.00	\$371.49	\$371.49	
	FLOORING	1460	3	\$10,000.00	\$0.00	\$10,000.00	\$0.00	
	REPLACE ROOFS	1460		\$0.00	\$0.00	\$9,192.63	\$9,192.63	
	REPLACE FURNACES	1460	3	\$3,000.00	\$0.00	\$0.00	\$0.00	
OH10P022018	LANDSCAPING	1450	4	\$2,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$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/RHF)
Part II: Supporting Pages

PHA Name: GREENE METROPOLITAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant Replacement Housing Factor Grant No. OH10PO2250108			Federal FY of Grant: 2008			
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$535,611.00	\$0.00	\$317,826.00	\$186,826.01	

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

PHA Name: Greene Metropolitan Housing Authority			Grant Type and Number Capital Fund Program Grant No. OH10P02250108 Replacement Housing Factor Grant No.			Federal FY of Grant: 2008	
Development Number/Name/PHA-wide Activities	All Fund Obligated (Quarter Ending Date)			All Fund Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	6/12/2010			6/12/2012			
OH10P022001	6/12/2010			6/12/2012			
OH10P022002	6/12/2010			6/12/2012			
OH10P022004	6/12/2010			6/12/2012			
OH10P022005	6/12/2010			6/12/2012			
OH10P022010	6/12/2010			6/12/2012			
OH10P022011	6/12/2010			6/12/2012			
OH10P022012	6/12/2010			6/12/2012			
OH10P022013	6/12/2010			6/12/2012			
OH10P022014	6/12/2010			6/12/2012			
OH10P022015	6/12/2010			6/12/2012			
OH10P022016	6/12/2010			6/12/2012			
OH10P022017	6/12/2010			6/12/2012			
OH10P022018	6/12/2010			6/12/2012			

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/RHF) Part I: Summary

PHA Name: <b style="color: blue;">Greene Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH10P02250107 Replacement Housing Factor Grant No.	Federal FY of Grant: <b style="color: blue;">2007
--	---	--

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No.: **12/31/2009**)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending:

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	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$59,214.00	\$59,214.00	\$59,214.00	\$59,214.00
4	1410 Administration	\$52,746.00	\$52,746.00	\$52,746.00	\$52,746.00
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	\$12,500.00	\$8,595.21	\$8,595.21	\$8,595.21
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$39,000.00	\$36,457.80	\$36,457.80	\$36,457.80
10	1460 Dwelling Structures	\$302,000.00	\$304,829.76	\$304,829.76	\$304,829.76
11	1465.1 Dwelling Equipment - Nonexpendable	\$29,000.00	\$14,755.00	\$14,755.00	\$14,755.00
12	1470 Nondwelling Structures	\$5,000.00	\$12,660.58	\$12,660.58	\$12,660.58
13	1475 Nondwelling Equipment	\$28,000.00	\$38,201.65	\$38,201.65	\$38,201.65
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	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization Expenses or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
		\$0.00	\$0.00	\$0.00	\$0.00
	Amount of Annual Grant: (Total)	\$527,460.00	\$527,460.00	\$527,460.00	\$527,460.00
	Amount of Annual Grant	\$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/RHF) Part I: Summary

PHA Name: <b style="color: blue;">Greene Metropolitan Housing Authority	Grant Type and Number Capital Fund Program Grant No. OH10P02250107 Replacement Housing Factor Grant No.	Federal FY of Grant: <b style="color: blue;">2007
--	---	--

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No.: **12/31/2009**)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending:

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Amount of line XX Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of line XX Related to Section 504 Compliance:	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of line XX related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
	Amount of Line XX Related to Energy Conservation Measures	\$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/RHF)
Part II: Supporting Pages**

PHA Name: GREENE METROPOLITAN HOUSING AUTHORITY		Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.			Federal FY of Grant: 2007			
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA WIDE	RESIDENT JOB TRAINING	1408		\$44,214.00	\$51,690.50	\$51,690.50	\$51,690.50	COMPLETE
	STAFF DEVELOPMENT	1408		\$5,000.00	\$7,129.00	\$7,129.00	\$7,129.00	COMPLETE
	COMPUTER SOFTWARE	1408		\$10,000.00	\$394.50	\$394.50	\$394.50	COMPLETE
	NON TECH SALARIES	1410		\$11,923.00	\$9,440.94	\$9,440.94	\$9,440.94	COMPLETE
	TECHNICAL SALARIES	1410		\$25,000.00	\$29,735.22	\$29,735.22	\$29,735.22	COMPLETE
	EMPLOYMENT BENEFITS	1410		\$15,823.00	\$13,569.84	\$13,569.84	\$13,569.84	COMPLETE
	PLANNING/CONSULTANTS	1430		\$10,000.00	\$8,595.21	\$8,595.21	\$8,595.21	COMPLETE
	BATH REHAB	1470		\$5,000.00	\$12,660.58	\$12,660.58	\$12,660.58	COMPLETE
	COMPUTER EQUIPMENT	1475		\$15,000.00	\$10,794.74	\$10,794.74	\$10,794.74	COMPLETE
	OFFICE EQUIPMENT	1475		\$10,000.00	\$9,457.45	\$9,457.45	\$9,457.45	COMPLETE
	MAINTENANCE EQUIPMENT	1475		\$3,000.00	\$17,949.46	\$17,949.46	\$17,949.46	COMPLETE
OH10P022001	ENERGY AUDIT	1430		\$2,500.00	\$0.00	\$0.00	\$0.00	
	UPGRADE ELECTRICAL SERVICE	1460		\$0.00	\$45,637.51	\$45,637.51	\$45,637.51	
	FLOORING	1460		\$5,000.00	\$0.00	\$0.00	\$0.00	
OH10P022002	ENTRY DOORS & LOCKS	1460		\$1,000.00	\$0.00	\$0.00	\$0.00	
	TREE TRIMMING	1450		\$0.00	\$660.00	\$660.00	\$660.00	
	LANDSCAPING	1450		\$0.00	\$1,400.00	\$1,400.00	\$1,400.00	
	RESEAL PARKING LOT	1450		\$3,000.00	\$4,400.00	\$4,400.00	\$4,400.00	COMPLETE
	AIR CONDITIONING	1460		\$0.00	\$2,120.00	\$2,120.00	\$2,120.00	
	WATER HEATERS	1460		\$0.00	\$4,240.13	\$4,240.13	\$4,240.13	
	FLOORING	1460		\$0.00	\$698.15	\$698.15	\$698.15	
OH10P022004	LANDSCAPING	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
	FLOORING	1460		\$0.00	\$397.77	\$397.77	\$397.77	
	PATIO DOORS	1460		\$25,000.00	\$33,901.08	\$33,901.08	\$33,901.08	COMPLETE
	EXTERIOR CONCRETE	1450		\$0.00	\$4,674.00	\$4,674.00	\$4,674.00	
	TREE TRIMMING	1450		\$2,000.00	\$475.00	\$475.00	\$475.00	COMPLETE
OH10P022005	PATIO DOORS	1460		\$15,000.00	\$206.04	\$206.04	\$206.04	COMPLETE

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

PHA Name: GREENE METROPOLITAN HOUSING AUTHORITY		Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.		Federal FY of Grant: 2007				
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
	TREE TRIMMING	1450		\$4,000.00	\$600.00	\$600.00	\$600.00	COMPLETE
	FLOORING	1460		\$5,000.00	\$867.87	\$867.87	\$867.87	COMPLETE
	REPLACE FURNACES	1460		\$6,000.00	\$2,400.00	\$2,400.00	\$2,400.00	COMPLETE
OH10P022010	EXTERIOR DOORS	1460		\$20,000.00	\$0.00	\$0.00	\$0.00	
OH10P022011	SITE DRAINAGE	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATERS	1460		\$0.00	\$390.06	\$390.06	\$390.06	
	EXTERIOR CONCRETE	1450		\$0.00	\$2,786.00	\$2,786.00	\$2,786.00	
OH10P022012	UNIT REHAB	1460		\$50,000.00	\$87,827.49	\$87,827.49	\$87,827.49	COMPLETE
	FLOORING	1460		\$24,000.00	\$13,150.01	\$13,150.01	\$13,150.01	COMPLETE
	ROOFING	1460		\$15,000.00	\$19,201.78	\$19,201.78	\$19,201.78	COMPLETE
	EXTERIOR CONCRETE	1450		\$5,000.00	\$6,346.36	\$6,346.36	\$6,346.36	COMPLETE
	TREE TRIMMING	1450		\$0.00	\$9,162.00	\$9,162.00	\$9,162.00	
	FURNACES	1460		\$0.00	\$2,380.00	\$2,380.00	\$2,380.00	
	WATER HEATERS	1460		\$0.00	\$1,399.54	\$1,399.54	\$1,399.54	
	REMODEL BATHROOM	1460		\$0.00	\$300.00	\$300.00	\$300.00	
	OVERHEAD DOORS	1460		\$0.00	\$600.00	\$600.00	\$600.00	
	ENTRANCE DOORS	1460		\$0.00	\$196.00	\$196.00	\$196.00	
	ASPHALT DRIVEWAY	1450		\$5,000.00	\$0.00	\$0.00	\$0.00	
OH10P022013	ROOFING	1460		\$60,000.00	\$61,027.78	\$61,027.78	\$61,027.78	COMPLETE
OH10P022014	FLOORING	1460		\$6,000.00	\$1,421.71	\$1,421.71	\$1,421.71	COMPLETE
OH10P022015	APPLIANCES	1465.1		\$17,000.00	\$14,755.00	\$14,755.00	\$14,755.00	COMPLETE
	TREE TRIMMING	1450		\$0.00	\$650.00	\$650.00	\$650.00	
	EXTERIOR CONCRETE	1450		\$4,000.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR DOORS	1460		\$3,000.00	\$0.00	\$0.00	\$0.00	
OH10P022016	REHAB UNITS	1460		\$50,000.00	\$26,466.84	\$26,466.84	\$26,466.84	COMPLETE
	FLOORING	1460		\$15,000.00	\$0.00	\$0.00	\$0.00	
	TREE TRIMMING	1450		\$0.00	\$1,240.00	\$1,240.00	\$1,240.00	

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

PHA Name:		Capital Fund Program Grant No. OH10P02250106 Replacement Housing Factor Grant No.		Federal FY of Grant:				
GREENE METROPOLITAN HOUSING AUTHORITY				2007				
Development Number/Name/PHA-wide Activities	General Description of Major Work Categories	BLI	Qty	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
	EXTERIOR CONCRETE	1450		\$5,000.00	\$4,064.44	\$4,064.44	\$4,064.44	COMPLETE
	ASPHALT DRIVEWAY	1450		\$5,000.00	\$0.00	\$0.00	\$0.00	
OH10P022017	APPLIANCES	1465.1		\$12,000.00	\$0.00	\$0.00	\$0.00	
	ENTRY DOORS	1460		\$2,000.00	\$0.00	\$0.00	\$0.00	
OH10P022018	EXTERIOR CONCRETE	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$527,460.00	\$527,460.00	\$527,460.00	\$527,460.00	

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

PHA Name: Greene Metropolitan Housing Authority Grant Type and Number
Capital Fund Program Grant No. OH10P02250107 Federal FY of Grant: 2007
Replacement Housing Factor Grant No.

Development Number/Name/PHA-wide Activities	All Fund Obligated (Quarter Ending Date)			All Fund Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Capital Fund Program -- Five Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary							
PHA Name/Number: Greene Metropolitan Housing Authority		Locality (City/County & State): Greene County, Ohio		<input checked="" type="checkbox"/> Original 5-Year <input type="checkbox"/> Revision No.			
A.	Development No./Name/PHA-wide	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY:2011	Work Statement for Year 3 FFY:2012	Work Statement for Year 4 FFY:2013	Work Statement for Year 5 FFY:2014	
B.	Physical Improvements	See Annual Statement	\$537,500.00	\$411,850.00	\$530,500.00	\$524,000.00	
C.	Management Improvements		\$64,000.00	\$64,000.00	\$64,000.00	\$64,000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0.00	\$0.00	\$0.00	\$0.00	
E.	Administration		\$58,509.00	\$58,509.00	\$58,509.00	\$58,509.00	
F.	Other		\$0.00	\$0.00	\$0.00	\$0.00	
G.	Operations		\$45,988.00	\$45,988.00	\$45,988.00	\$45,988.00	
H.	Demolition		\$0.00	\$0.00	\$0.00	\$0.00	
I.	Development		\$0.00	\$0.00	\$0.00	\$0.00	
J.	Capital Fund Financing - Debt Service		\$0.00	\$0.00	\$0.00	\$0.00	
K.	Total CFP Funds		\$0.00	\$0.00	\$0.00	\$0.00	
L.	Total Non-CFP Funds		\$0.00	\$0.00	\$0.00	\$0.00	
M.	Grand Total			\$705,997.00	\$580,347.00	\$698,997.00	\$692,497.00

Capital Fund Program -- Five Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year FFY 2011			Work Statement for Year FFY 2012		
	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
	AMP 181 Roofs	21	\$80,000.00	AMP 181 Appliances	14	\$11,500.00
	AMP 181 Reseal Parking Lot	1	\$2,500.00	AMP 181 Overhead Doors	4	\$3,500.00
	AMP 181 Replace Furnaces	16	\$24,000.00	AMP 181 Appliances	19	\$16,250.00
	AMP 181 Water Heaters	16	\$9,500.00	AMP 181 Rehab Unit	2	\$30,000.00
	AMP 181 Bath Rehab	2	\$10,000.00	AMP 181 Flooring	25	\$30,000.00
	AMP 181 Windows	25	\$30,000.00	AMP 181 Gutters & Spouting	12	\$10,000.00
	AMP 181 Landscaping		\$2,000.00			\$0.00
			\$0.00	AMP 182 Roofing	1	\$50,000.00
	AMP 182 Boiler/Chiller	1	\$50,000.00	AMP 182 Water Piping Repair	1	\$5,000.00
	AMP 182 Exterior Concrete		\$2,000.00	AMP 182 Flooring	8	\$25,000.00
	AMP 182 Water Heaters	13	\$7,500.00	AMP 182 Overhead Doors	7	\$5,000.00
	AMP 182 Windows	4	\$10,000.00	AMP 182 Appliances	15	\$25,000.00
	AMP 182 Roofs	6	\$25,000.00	AMP 182 Rehab Units	3	\$45,000.00
	AMP 182 Sewer lines	2	\$5,000.00	AMP 182 Sidding and Soffits	15	\$30,000.00
	AMP 182 Rehab Unit	2	\$45,000.00	AMP 182 Water Heaters	30	\$28,000.00
	AMP 182 Flooring	3	\$10,000.00			\$0.00
			\$0.00	AMP 183 Sewer Line	1	\$10,000.00
	AMP 183 Replace AC Units	10	\$25,000.00	AMP 183 Exterior Concrete		\$10,000.00
	AMP 183 Pave Parking Lot	1	\$10,000.00	AMP 183 Exterior Doors	4	\$5,000.00
	AMP 183 Remove Chimneys	3	\$15,000.00	AMP 183 Windows	22	\$55,000.00
	AMP 183 Water Heaters	7	\$5,000.00	AMP 183 Water Heaters	22	\$17,600.00
	AMP 183 Exterior Doors	7	\$5,000.00			\$0.00
	AMP 183 Rehab Units	2	\$60,000.00			\$0.00
	AMP 183 Furnaces	8	\$10,000.00			\$0.00
	AMP 183 Roofing	12	\$85,000.00			\$0.00
	AMP 183 Bath Rehab	2	\$10,000.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00

form HUD-50075.2 (4/2008)

Capital Fund Program -- Five Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year FFY 2011			Work Statement for Year FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year FFY 2011			Work Statement for Year FFY 2012		
	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
	Subtotal of Estimated Cost		\$537,500.00	Subtotal of Estimated Cost		\$411,850.00

Capital Fund Program -- Five Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year FFY 2013			Work Statement for Year FFY 2014		
	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
	AMP 181		\$0.00	AMP 181		\$0.00
	Tree Trimming		\$5,000.00	Air Conditioning	14	\$12,000.00
	Exterior Concrete	4	\$15,000.00	Bath Rehab	5	\$30,000.00
	Sewer Lines	2	\$6,000.00	Tree Trimming		\$10,000.00
	Rehab Units	2	\$30,000.00	Rehab Units	2	\$30,000.00
	Furnaces	6	\$15,000.00	Water Heaters	4	\$3,000.00
	Cabinets	10	\$35,000.00	Cabinets	2	\$10,000.00
	Flooring	5	\$15,000.00	Flooring	5	\$15,000.00
			\$0.00			\$0.00
	AMP 182		\$0.00	Amp 182		\$0.00
	Tree Trimming		\$15,000.00	Tree Trimming		\$15,000.00
	Furnaces	10	\$25,000.00	Water Heaters	5	\$6,000.00
	Rehab Units	3	\$80,000.00	Rehab Units	2	\$80,000.00
	Exterior Concrete	4	\$20,000.00	Patio Doors	4	\$5,000.00
	Roofing	10	\$40,000.00	Roofing	10	\$40,000.00
	Flooring	5	\$15,000.00	Windows	4	\$30,000.00
	Electric Upgrade	2	\$5,000.00	Cabinets	10	\$35,000.00
	Cabinets	10	\$35,000.00	Sewer Lines	2	\$6,000.00
	Sewer Lines	2	\$6,000.00	Bath Rehab	4	\$20,000.00
	Bath Rehabs	4	\$20,000.00	Siding	21	\$45,000.00
			\$0.00	Flooring	5	\$15,000.00
	AMP 183		\$0.00	AMP 183		\$0.00
	Tree Trimming		\$10,000.00	Tree Trimming		\$10,000.00
	Flooring	10	\$30,000.00	Flooring	2	\$6,000.00
	Furnaces	6	\$15,000.00	Air Conditioning	4	\$10,000.00
	Roofing	4	\$20,000.00	Bath Rehab	2	\$1,000.00
	Overhead Doors	4	\$3,500.00	Gutters	5	\$5,000.00
	Cabinets	5	\$20,000.00	Cabinets	5	\$20,000.00
	Rehab Units	2	\$50,000.00	Rehab Units	2	\$50,000.00
			\$0.00	Sewer Lines	2	\$10,000.00
			\$0.00	Exterior Concrete	2	\$5,000.00
			\$0.00			\$0.00

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

Work Statement for Year 1 FFY	Work Statement for Year FFY 2013			Work Statement for Year FFY 2014		
	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY	Work Statement for Year FFY 2013			Work Statement for Year FFY 2014		
	Development Number/Name	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
			\$0.00			\$0.00
	Subtotal of Estimated Cost		\$530,500.00	Subtotal of Estimated Cost		\$524,000.00

Part I: Summary						
PHA Name: Greene Metropolitan Housing Authority			Grant Type and Number CFP Grant No: OH10P02250110 Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00	
2	1406 Operations (may not exceed 20% of line 20) ³	\$45,988.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$64,000.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$58,509.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$120,000.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$244,750.00	\$0.00	\$0.00	\$0.00	
11	1465.1 Dwelling Equipment - Nonexpendable	\$98,200.00	\$0.00	\$0.00	\$0.00	
12	1470 Nondwelling Structures	\$15,300.00	\$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	1492 Moving to Work Demonstratoin	\$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 ⁴	\$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)	\$646,747.00	\$0.00	\$0.00	\$0.00	
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	
Signature of Executive Director <i>Busan Stein</i>			Date: 01/12/2010		Signature of Public Housing Director Date:	

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

Part II: Supporting Pages								
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No.: OH10P02250110 RHF Grant No.:			CFPP (Yes/No):		Federal FFY of Grant: 2010	
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 181	Tree Trimming	1450		\$10,000.00	\$0.00	\$0.00	\$0.00	
	Exterior Concrete	1450		\$15,000.00	\$0.00	\$0.00	\$0.00	
	Replace Boilers	1460	2	\$11,000.00	\$0.00	\$0.00	\$0.00	
	Appliances	1465.1	19	\$15,200.00	\$0.00	\$0.00	\$0.00	
	Call Aid Stations	1460	5	\$4,000.00	\$0.00	\$0.00	\$0.00	
	Overhead door	1470	1	\$800.00	\$0.00	\$0.00	\$0.00	
	Plumbing	1460	14	\$8,000.00	\$0.00	\$0.00	\$0.00	
	Washer Dryer hookup	1470	1	\$2,000.00	\$0.00	\$0.00	\$0.00	
	Dead Bolts	1460	33	\$9,750.00	\$0.00	\$0.00	\$0.00	
	Landscaping	1450	4	\$8,000.00	\$0.00	\$0.00	\$0.00	
AMP 182	Pave Parking Lot	1450	1	\$10,000.00	\$0.00	\$0.00	\$0.00	
	Landscaping	1450		\$2,000.00	\$0.00	\$0.00	\$0.00	
	Pave Driveways	1450	6	\$15,000.00	\$0.00	\$0.00	\$0.00	
	Exterior Doors	1460	3	\$5,000.00	\$0.00	\$0.00	\$0.00	
	Replace Roofs	1460	25	\$40,000.00	\$0.00	\$0.00	\$0.00	
	Appliances	1465.1	25	\$15,000.00	\$0.00	\$0.00	\$0.00	
	Exterior Concrete	1450		\$15,000.00	\$0.00	\$0.00	\$0.00	
	Tree Trimming	1450		\$10,000.00	\$0.00	\$0.00	\$0.00	
	Rehab Unit	1460	3	\$75,000.00	\$0.00	\$0.00	\$0.00	
	Overhead door	1460	7	\$5,000.00	\$0.00	\$0.00	\$0.00	
	Interior Lighting	1470	1	\$7,500.00	\$0.00	\$0.00	\$0.00	
	Electric Upgrade	1460	3	\$9,000.00	\$0.00	\$0.00	\$0.00	
	Rehab Bath	1460	3	\$15,000.00	\$0.00	\$0.00	\$0.00	
	Intercom System	1470	1	\$5,000.00	\$0.00	\$0.00	\$0.00	
AMP 183	Water heaters	1460	12	\$20,000.00	\$0.00	\$0.00	\$0.00	
	Tree Trimming	1450		\$4,000.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No.: OH10P02250110 RHF Grant No.: CFFP (Yes/No):			Federal FFY of Grant: 2010			
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Landscaping	1450		\$5,000.00	\$0.00	\$0.00	\$0.00	
	Appliances	1465.1	72	\$68,000.00	\$0.00	\$0.00	\$0.00	
	Exterior Concrete	1450		\$15,000.00	\$0.00	\$0.00	\$0.00	
	Patio Fencing	1450	7	\$6,000.00	\$0.00	\$0.00	\$0.00	
	Storm Doors	1460	20	\$5,000.00	\$0.00	\$0.00	\$0.00	
	Flooring	1460	5	\$15,000.00	\$0.00	\$0.00	\$0.00	
	Patio Doors	1460	10	\$14,000.00	\$0.00	\$0.00	\$0.00	
	Electric Upgrade	1460	2	\$7,200.00	\$0.00	\$0.00	\$0.00	
	Overhead door	1460	2	\$1,800.00	\$0.00	\$0.00	\$0.00	
	Site Grading	1450		\$5,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Greene Metropolitan Housing Authority Greene Metropolitan Housing Authority				Federal FFY of Grant: 2010 2010		
Development Number/ Name/PHA-wide	Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
		Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 181		Jun-12		Jun-14		
AMP 182		Jun-12		Jun-14		
AMP 183		Jun-12		Jun-14		
PHA Wide		Jun-12		Jun-14		

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

Violence Against Women Act

A goal of GMHA's Section 8 Housing Choice Voucher Department is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the highest degree possible.

GMHA's Section 8 Housing Choice Voucher Department notifies all clients at the time of move-in of their rights in accordance with the Violence Against Women Act. Landlords are also notified of VAWA. We ask that clients sign off on our Tenant Responsibility Check List and Landlords sign off on our Landlord Responsibility Check list. Both clearly state the victims' rights in accordance with VAWA.

GMHA's Section 8 Housing Choice Voucher Department will also make referrals for all Victims of Violence to local agencies that may offer supportive services according to their situation.

GMHA's Section 8 Housing Choice Voucher Department will also make a referral to Project Total to offer supportive services that will help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

Violence Against Women Act Report

A goal of GMHA's Public Housing Department is to fully act in accordance with the Violence against Women Act (VAWA). It is the Public Housing Department's objective to work with current tenants to prevent offenses covered by VAWA to the fullest extent.

The GMHA's Public Housing Department will support victims of domestic violence, dating violence, sexual assault, or stalking. The Public Housing Department will refer victims of violence to the Greene County Family Violence Prevention Center and other applicable resources. The Public Housing Department may also refer to the court system for a TPO/CPO.

The GMHA's Public Housing Department will provide a referral to child and adult victims of domestic violence, dating violence, sexual assault, or stalking to GMHA's Project TOTAL program to ensure that housing is maintained. Also referrals will be placed to area agencies to assist with any financial hardships with maintaining the public housing unit. The Public Housing Department will work to ensure that victims of violence maintain public housing.

The GMHA's Public Housing Department provides information and referral to current tenants that exhibit signs of domestic violence, dating violence, sexual assault, and stalking, to enhance victim safety in assisted families. The Public Housing Department also will link victims with area police departments to ensure continued safety and provide housing transfers as needed to relocate the family.

The GMHA's provides information regarding tenant rights under VAWA. This information is provided to all tenants upon move in.

GMHA's Family Resident Advisory Board and Comments

Erica Foster	708 E. Third St., Xenia, OH
Pam Noel	1010 Xenia Ave., Yellow Springs, OH
Michelle Vincent	395 Vindale Dr., Beavercreek, OH
Ralph Wade	71 E. Maple St., Cedarville, OH
Scott Wright	3662 McElrath Dr., Beavercreek, OH
Jammie Snoddy	1953 Crase Dr., Xenia, OH
Teresa Kleinen	660 W. South College St., Yellow Springs, OH
Thelma Martin	891 E. Main St., Xenia, OH
Donald Chenoweth	12 South St., Cedarville, OH
Garnett Bradley	295 Grove St., Fairborn, OH
Jerry Peacock	1158 Bellbrook, Xenia, OH
Jennifer Curtis	1599 Wigwam Trail, Xenia, OH
Lindsey Hardiman	924 Xenia Ave., Yellow Springs, OH
Jennifer Moore	544 Sutton Dr., Xenia, OH
Latrina Carr	3333 Sunnyside Dr., Beavercreek, OH
Nicole Wilson	1401 Arrowhead Trail, Xenia, OH
Maria Bauer	277 Darst Road, Beavercreek, OH
Linda Lawson	431 Marshall Drive, Xenia, OH

Residents met on November 10, 2009 and reviewed the changes to the ACOP for public housing. There were no comments, suggestions or objections. Residents reviewed changes to the Section 8 Administrative Plan. There were no comments, objections or suggestions. Residents reviewed the Capital Fund Annual and Five Year Plan. Residents had made suggestions at a prior meeting and were pleased that the items were included in the plan. There were no comments other than positive comments.

Senior Resident Advisory Board Members and Comments

Michael Jerome	1 Lawson Place 22	Yellow Springs	Ohio	45387
Marilyn Van Eaton	1 Lawson Place 23	Yellow Springs	Ohio	45387
Delores Sizemore	1 Lawson Place 18	Yellow Springs	Ohio	45387
Daniel Taylor	1 Lawson Place 10	Yellow Springs	Ohio	45387
Anna Brunk	147 N Detroit St #3	Xenia	Ohio	45385
James Winkle	147 N Detroit St #9	Xenia	Ohio	45385
Virginia Mosely	241 Maple Terrace	Fairborn	Ohio	45324
Bernice Scruggs	226 Maple Terrace	Fairborn	Ohio	45324
Barb Green	290 Maple Terrace	Fairborn	Ohio	45324
Terry Johnson	1 Lawson 20	Yellow Springs	oh	45387
Lily Lococo	1 Lawson 21	Yellow Springs	oh	45387
Kathy Crew	1 Lawson 45	Yellow Springs	oh	45387
Jude Demers	1 Lawson #32	Yellow Springs	Oh	45387
Daniel Hower	203F W Dayton YS Rd	Fairborn	OH	45324
Janice Carrera	201B W Dayton-YS Rd	Fairborn	OH	45324
Linda Hagler	215 E W Dayton	Fairborn	OH	45324

Senior Resident Advisory Board met on November 10, 2009. Members reviewed changes to the Public Housing ACOP, Section 8 Administrative Plan, and Annual and Five Year Capital Plan. Members supported the changes. Members had met in the summer and had made suggestions for the Capital Plan Annual and Five Year Plan and were please to see their suggestions were included in the plans.

Expires 4/30/2011

Part I: Summary							
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No: OH10S02250109 Date of CFFP: _____				FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No.: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹			
		Original	Revised ²	Obligated	Expended		
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00		
2	1406 Operations (may not exceed 20% of line 20) ³	\$0.00	\$0.00	\$0.00	\$0.00		
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00		
4	1410 Administration (may not exceed 10% of line 20)	\$67,302.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00		
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	\$610,675.00	\$0.00	\$0.00	\$0.00		
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	1492 Moving to Work Demonstratoin	\$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 ⁴	\$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)	\$677,977.00	\$0.00	\$0.00	\$0.00		
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		
Signature of Executive Director		Date:		Signature of Public Housing Director		Date:	

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

Part II: Supporting Pages								
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No.: OH10S02250109 CFFP (Yes/No): RHF Grant No.:				Federal FFY of Grant: 2009		
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	TECHNICAL SALARIES	1410		\$67,302.00	\$0.00	\$0.00	\$0.00	
OH10P02200-181	COMPACT FLOURESCENT BULBS	1460	0	\$2,481.00	\$0.00	\$0.00	\$0.00	
	GEOHERMAL FURNACES	1460	1	\$12,000.00	\$0.00	\$0.00	\$0.00	
OH10P02200-182	COMPACT FLOURESCENT BULBS	1460		\$4,515.00	\$0.00	\$0.00	\$0.00	
	REPLACEMENT FURNACES 92%	1460	30	\$66,000.00	\$0.00	\$0.00	\$0.00	
	GEOHERMAL FURNACES	1460	7	\$84,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATERS	1460	30	\$39,000.00	\$0.00	\$0.00	\$0.00	
	WINDOWS	1460	20	\$20,700.00	\$0.00	\$0.00	\$0.00	
	INSULATE ATTICS	1460	19	\$6,650.00	\$0.00	\$0.00	\$0.00	
	INSULATE CRAWL SPACE	1460	21	\$12,600.00	\$0.00	\$0.00	\$0.00	
	INSULATE BASEMENT	1460	11	\$6,600.00	\$0.00	\$0.00	\$0.00	
	REHAB UNITS	1460	5	\$225,000.00	\$0.00	\$0.00	\$0.00	
OH10P02200-183	WINDOWS - HAWTHORNE	1460	50	\$41,500.00	\$0.00	\$0.00	\$0.00	
	COMPACT FLOURESCENT BULBS	1460		\$4,179.00	\$0.00	\$0.00	\$0.00	
	REPLACEMENT FURNACES 92%	1460	10	\$22,000.00	\$0.00	\$0.00	\$0.00	
	WATER HEATERS	1460	10	\$13,000.00	\$0.00	\$0.00	\$0.00	
	WINDOWS	1460	1	\$2,000.00	\$0.00	\$0.00	\$0.00	
	INSULATE ATTICS	1460	3	\$1,050.00	\$0.00	\$0.00	\$0.00	
	INSULATE CRAWL SPACE	1460	2	\$1,200.00	\$0.00	\$0.00	\$0.00	
	INSULATE BASEMENT	1460	2	\$1,200.00	\$0.00	\$0.00	\$0.00	
	REHAB UNITS	1460	1	\$45,000.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	

Part II: Supporting Pages								
PHA Name: Greene Metropolitan Housing Authority		Grant Type and Number CFP Grant No.: OH10S02250109 CFFP (Yes/No): RHF Grant No.:			Federal FFY of Grant: 2009			
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised¹	Funds Obligated²	Funds Expended²	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$677,977.00	\$0.00	\$0.00	\$0.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Greene Metropolitan Housing Authority				Federal FFY of Grant: 2009	
Development Number/ Name/PHA-wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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