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| <b>PHA 5-Year and Annual Plan</b><br><b>TN040v01 – Final</b> | <b>U.S. Department of Housing and Urban Development</b><br><b>Office of Public and Indian Housing</b> | <b>OMB No. 2577-0226</b><br><b>Expires 4/30/2011</b> |
|--|---|--|

|     |   |          |                                      |                               |                              |
|-----|---|----------|--------------------------------------|-------------------------------|------------------------------|
| 1.0 | <b>PHA Information</b><br>PHA Name: <u>Lexington Housing Authority</u> PHA Code: <u>TN040</u><br>PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>   |          |                                      |                               |                              |
| 2.0 | <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: <u>120</u> Number of HCV units: <u>0</u>  |          |                                      |                               |                              |
| 3.0 | <b>Submission Type</b><br><input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only  |          |                                      |                               |                              |
| 4.0 | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)<br><b>Not Applicable</b>  |          |                                      |                               |                              |
|     | Participating PHAs  | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program |
|     | PHA 1:  |          |                                      |                               | PH HCV                       |
|     | PHA 2:  |          | <b>Not Applicable</b>                |                               |                              |
|     | PHA 3:  |          |                                      |                               |                              |
| 5.0 | <b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.<br><b>See Attached</b>   |          |                                      |                               |                              |
| 5.1 | <b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:<br><b>See Attachment No. 1</b>   |          |                                      |                               |                              |
| 5.2 | <b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.<br><b>See Attachment No. 2</b>   |          |                                      |                               |                              |
| 6.0 | <b>PHA Plan Update</b><br>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:<br><b>Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.</b><br>(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.<br><b>Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.</b> |          |                                      |                               |                              |
| 7.0 | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i><br><b>Not Applicable</b>  |          |                                      |                               |                              |
| 8.0 | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.<br><b>See Attached</b>   |          |                                      |                               |                              |
| 8.1 | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.<br><b>Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.</b>  |          |                                      |                               |                              |
| 8.2 | <b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.<br><b>Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41. See No. 5 above.</b>                     |          |                                      |                               |                              |
| 8.3 | <b>Capital Fund Financing Program (CFFP).</b><br><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>Not Applicable</b>   |          |                                      |                               |                              |

|      |  |
|------|--|
| 9.0  | <p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.</b></p>  |
| 9.1  | <p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.</b></p>  |
| 10.0 | <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <b>See Section 5.2</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><b>Not required to be submitted for Qualified Public Housing Agencies, per PIH Notice 2008-41.</b></p>   |
| 11.0 | <p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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. <b>ATTACHMENT 3</b></p> <p>(g) Challenged Elements <b>ATTACHMENT 4</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> |

## ATTACHMENT NO. 1: MISSION STATEMENT

The mission of the PHA is the same as that of the Department of Housing and Urban Development. To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

## ATTACHMENT NO. 2:

### Section 5.2 Goals and Objectives

#### **A. GOALS AND OBJECTIVES – PROGRESS**

1. **Goal No. 1:** Improve the quality of assisted housing by renovating or modernization public housing units.

**Progress:** The LHA continues to use its capital fund monies and some operating reserves to modernize its public housing units.

2. **Goal No. 2:** Promote self-sufficiency and asset development of assisted households by increasing the number of percentage of employed persons in assisted living.

**Progress:** Melba will send info.

#### **GOALS AND OBJECTIVES FOR 2010 THROUGH 2014 AGENCY PLAN PERIOD.**

1. **Goal No. 1:** Improve the quality of assisted housing by renovating or modernization public housing units.

**Progress:** The LHA continues to use its capital fund monies and some operating reserves to modernize its public housing units.

## ATTACHMENT NO. 3: RESIDENT ADVISORY BOARD COMMENTS

The Lexington Housing Authority staff discussed the FY 2010 Agency Plan/5-Year Plan and the detailed list of proposed FY 2010 and 5-Year capital fund improvements with the LHA Resident Advisory Board (RAB) members and other tenants present at the August 18, 2009 RAB Meeting and the October 2, 2009 formal Public Hearing. The RAB and all participants supported the proposed CFP work items.

## ATTACHMENT NO. 4: CHALLENGED ELEMENTS

No challenged elements.

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part I: Summary</b> |                                       |  |         |  |  |
|---|---------------------------------------|--|---------|--|--|
| PHA Name: <b>Lexington Housing Authority</b>  |                                       | Grant Type and Number<br>Capital Fund Program Grant No: <b>TN43P04050110</b><br>Replacement Housing Factor Grant No: |         |  | Federal FY<br>of Grant:<br><b>2010</b> |
| <input checked="" type="checkbox"/> Original Annual Statement   |                                       | <input type="checkbox"/> Reserve for Disasters/ Emergencies  |         | <input type="checkbox"/> Revised Annual Statement (revision no: 1) |  |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending:   |                                       |  |         | <input type="checkbox"/> Final Performance and Evaluation Report   |  |
| Line No.  | Summary by Development Account        | Total Estimated Cost   |         | Total Actual Cost  |  |
|   |                                       | Original   | Revised | Obligated  | Expended                               |
| 1   | Total non-CFP Funds                   | \$0.00   |         |  |  |
| 2   | 1406 Operations                       | \$30,000.00  |         |  |  |
| 3   | 1408 Management Improvements          | \$0.00   |         |  |  |
| 4   | 1410 Administration                   | \$0.00   |         |  |  |
| 5   | 1411 Audit                            | \$0.00   |         |  |  |
| 6   | 1415 Liquidated Damages               | \$0.00   |         |  |  |
| 7   | 1430 Fees and Costs                   | \$27,000.00  |         |  |  |
| 8   | 1440 Site Acquisition                 | \$10,000.00  |         |  |  |
| 9   | 1450 Site Improvement                 | \$10,000.00  |         |  |  |
| 10  | 1460 Dwelling Structures              | \$108,000.00   |         |  |  |
| 11  | 1465 Dwelling Equipment—Nonexpendable | \$0.00   |         |  |  |
| 12  | 1470 Nondwelling Structures           | \$5,000.00   |         |  |  |
| 13  | 1475 Nondwelling Equipment            | \$10,000.00  |         |  |  |
| 14  | 1485 Demolition                       | \$0.00   |         |  |  |
| 15  | 1492 Moving to Work Demonstration     | \$0.00   |         |  |  |
| 16  | 1495.1 Relocation Costs               | \$0.00   |         |  |  |
| 17  | 1499 Development Activities           | \$0.00   |         |  |  |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part I: Summary</b> |  |   |         |  |  |
|---|--|---|---------|--|--|
| PHA Name: <b>Lexington Housing Authority</b>  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: <b>TN43P04050110</b><br>Replacement Housing Factor Grant No: |         |  | <b>Federal FY of Grant:</b><br><b>2010</b> |
| <input checked="" type="checkbox"/> Original Annual Statement   |  | <input type="checkbox"/> Reserve for Disasters/ Emergencies   |         | <input type="checkbox"/> Revised Annual Statement (revision no: 1) |  |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending:   |  | <input type="checkbox"/> Final Performance and Evaluation Report  |         |  |  |
| Line No.  | Summary by Development Account   | Total Estimated Cost  |         | Total Actual Cost  |  |
|   |  | Original  | Revised | Obligated  | Expended                                   |
| 18a   | 1501 Collateralization or Debt Service                                   | \$0.00  |         |  |  |
| 18b   | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0.00  |         |  |  |
| 19  | 1502 Contingency   | \$0.00  |         |  |  |
| 20  | Amount of Annual Grant: (sum of lines 2 – 20)                            | \$200,000.00  |         |  |  |
| 21  | Amount of line 20 Related to LBP Activities                              | \$0.00  |         |  |  |
| 22  | Amount of line 20 Related to Section 504 compliance                      | \$0.00  |         |  |  |
| 23  | Amount of line 20 Related to Security – Soft Costs                       | \$0.00  |         |  |  |
| 24  | Amount of Line 20 Related to Security – Hard Costs                       | \$0.00  |         |  |  |
| 25  | Amount of line 20 Related to Energy Conservation Measures                | \$0.00  |         |  |  |
| <b>Signature of Executive Director</b>  |  | <b>Signature of Public Housing Director</b>   |         | <b>Date</b>  |  |
| <b>Date</b>   |  | <b>Date</b>   |         | <b>Date</b>  |  |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part II: Supporting Pages</b> |  |  |          |                      |                      |                                   |                             |                |
|---|--|--|----------|----------------------|----------------------|-----------------------------------|-----------------------------|----------------|
| <b>PHA Name:</b><br>Lexington Housing Authority   |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: <b>TN43P04050109</b> CFFP (Yes/No): <b>No</b><br>Replacement Housing Factor Grant No: |          |                      |                      | <b>Federal FFY of Grant: 2010</b> |                             |                |
| Development Number Name/HA-Wide Activities  | General Description of Major Work Categories | Dev. Acct No.  | Quantity | Total Estimated Cost |                      | Total Actual Cost                 |                             | Status of Work |
|   |  |  |          | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup>      | Funds Expended <sup>2</sup> |                |
| TN04000001  | Operations                                   | 1406   | 1        | \$30,000.00          |                      |                                   |                             |                |
| TN04000001  | Agency Plan                                  | 1430   | 1        | \$5,000.00           |                      |                                   |                             |                |
| TN04000001  | A/E Fees                                     | 1430   | 1        | \$22,000.00          |                      |                                   |                             |                |
| TN04000001  | Site Improvements                            | 1450   | 1        | \$10,000.00          |                      |                                   |                             |                |
| TN04000001  | Bathroom Renovations                         | 1460   | 1        | \$15,000.00          |                      |                                   |                             |                |
| TN04000001  | Building Exterior                            | 1460   | 1        | \$5,000.00           |                      |                                   |                             |                |
| TN04000001  | Carpentry                                    | 1460   | 1        | \$2,000.00           |                      |                                   |                             |                |
| TN04000001  | Doors  | 1460   | 1        | \$15,000.00          |                      |                                   |                             |                |
| TN04000001  | Electrical                                   | 1460   | 1        | \$5,000.00           |                      |                                   |                             |                |
| TN04000001  | Finishes                                     | 1460   | 1        | \$15,000.00          |                      |                                   |                             |                |
| TN04000001  | Handicap Accessibility                       | 1460   | 1        | \$2,000.00           |                      |                                   |                             |                |
| TN04000001  | Kitchen Renovations                          | 1460   | 1        | \$30,000.00          |                      |                                   |                             |                |
| TN04000001  | Mechanical                                   | 1460   | 1        | \$2,000.00           |                      |                                   |                             |                |
| TN04000001  | Windows                                      | 1460   | 1        | \$12,000.00          |                      |                                   |                             |                |
| TN04000001  | Dwelling Equipment                           | 1465.1   | 1        | \$5,000.00           |                      |                                   |                             |                |
| TN04000001  | Non-dwelling Equipment                       | 1475   | 1        | \$10,000.00          |                      |                                   |                             |                |
| TN04000001  | Site Acquisition                             | 1440   | 1        | \$10,000.00          |                      |                                   |                             |                |
| TN04000001  | Non –dwelling Structures                     | 1470   | 1        | \$5,000.00           |                      |                                   |                             |                |
|   |  |  |          |                      |                      |                                   |                             |                |
|   |  |  |          |                      |                      |                                   |                             |                |
|   |  |  |          |                      |                      |                                   |                             |                |
|   |  |  |          |                      |                      |                                   |                             |                |

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

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





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

|   |   |  |
|---|---|--|
| <b>PHA Name:</b><br>Lexington Housing Authority | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: <b>TN43P04050109</b> Replacement Housing Factor Grant No:<br>Date of CFFP: _____ | <b>FFY of Grant:</b> 2009<br><b>FFY of Grant Approval:</b> |
|---|---|--|

Original Annual Statement       Reserve for Disasters/ Emergencies       Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 1    | Total non-CFP Funds  | \$0.00               | \$0.00               |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> | \$30,000.00          | \$51,436.00          |                                |          |
| 3    | 1408 Management Improvements                                 | \$0.00               | \$0.00               |                                |          |
| 4    | 1410 Administration (may not exceed 10% of line 21)          | \$0.00               | \$0.00               |                                |          |
| 5    | 1411 Audit   | \$0.00               | \$0.00               |                                |          |
| 6    | 1415 Liquidated Damages                                      | \$0.00               | \$0.00               |                                |          |
| 7    | 1430 Fees and Costs  | \$27,000.00          | \$27,000.00          |                                |          |
| 8    | 1440 Site Acquisition  | \$0.00               | \$0.00               |                                |          |
| 9    | 1450 Site Improvement  | \$10,000.00          | \$10,000.00          |                                |          |
| 10   | 1460 Dwelling Structures                                     | \$103,000.00         | \$103,000.00         |                                |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      | \$5,000.00           | \$5,000.00           |                                |          |
| 12   | 1470 Non-dwelling Structures                                 | \$0.00               | \$0.00               |                                |          |
| 13   | 1475 Non-dwelling Equipment                                  | \$0.00               | \$0.00               |                                |          |
| 14   | 1485 Demolition  | \$0.00               | \$0.00               |                                |          |
| 15   | 1492 Moving to Work Demonstration                            | \$0.00               | \$0.00               |                                |          |
| 16   | 1495.1 Relocation Costs                                      | \$0.00               | \$0.00               |                                |          |
| 17   | 1499 Development Activities <sup>4</sup>                     | \$0.00               | \$0.00               |                                |          |

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

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

|  |  |   |
|--|--|---|
| PHA Name: <b>Lexington Housing Authority</b> | Grant Type and Number<br>Capital Fund Program Grant No: <b>TN43P04050109</b><br>Replacement Housing Factor Grant No: | Federal FY of Grant:<br><b>2009</b><br>FFY OF Grant Approval: |
|--|--|---|

Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

| Line | Summary by Development Account   | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA                   | \$0.00               | \$0.00               |                                |          |
| 18b  | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0.00               | \$0.00               |                                |          |
| 19   | 1502 Contingency (may not exceed 8% of line 20)                          | \$0.00               | \$0.00               |                                |          |
| 20   | Amount of Annual Grant: (sum of lines 2 – 19)                            | \$175,000.00         | \$196,436.00         |                                |          |
| 21   | Amount of line 20 Related to LBP Activities                              | \$0.00               | \$0.00               |                                |          |
| 22   | Amount of line 20 Related to Section 504 Activities                      | \$0.00               | \$0.00               |                                |          |
| 23   | Amount of line 20 Related to Security – Soft Costs                       | \$0.00               | \$0.00               |                                |          |
| 24   | Amount of Line 20 Related to Security – Hard Costs                       | \$0.00               | \$0.00               |                                |          |
| 25   | Amount of line 20 Related to Energy Conservation Measures                | \$0.00               | \$0.00               |                                |          |

|                                 |      |                                      |      |
|---------------------------------|------|--------------------------------------|------|
| Signature of Executive Director | Date | Signature of Public Housing Director | Date |
|---------------------------------|------|--------------------------------------|------|

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

| <b>PHA Name:</b><br>Lexington Housing Authority |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: <b>TN43P04050109</b> CFFP (Yes/No): No<br>Replacement Housing Factor Grant No: |          |                      |                      | <b>Federal FFY of Grant: 2009</b> |                             |                |
|---|--|---|----------|----------------------|----------------------|-----------------------------------|-----------------------------|----------------|
| Development Number<br>Name/HA-Wide Activities   | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |                      | Total Actual Cost                 |                             | Status of Work |
|   |  |   |          | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup>      | Funds Expended <sup>2</sup> |                |
| PHA-Wide  | Operations                                   | 1406  | 1        | \$30,000.00          | \$51,436.00          |                                   |                             |                |
| PHA-Wide  | Agency Plan                                  | 1410  | 1        | \$5,000.00           | \$5,000.00           |                                   |                             |                |
| PHA-Wide  | A/E Design Fee                               | 1430  | 1        | \$22,000.00          | \$22,000.00          |                                   |                             |                |
| TN040-001                                       | Site Improvements                            | 1430  | 1        | \$10,000.00          | \$10,000.00          |                                   |                             |                |
| TN040-001                                       | Bathroom Renovations                         | 1460  | 1        | \$15,000.00          | \$15,000.00          |                                   |                             |                |
| TN040-001                                       | Building Exterior                            | 1460  | 1        | \$5,000.00           | \$5,000.00           |                                   |                             |                |
| TN040-001                                       | Carpentry                                    | 1460  | 1        | \$2,000.00           | \$2,000.00           |                                   |                             |                |
| TN040-001                                       | Doors  | 1460  | 1        | \$15,000.00          | \$15,000.00          |                                   |                             |                |
| TN040-001                                       | Electrical                                   | 1460  | 1        | \$5,000.00           | \$5,000.00           |                                   |                             |                |
| TN040-001                                       | Finishes                                     | 1460  | 1        | \$15,000.00          | \$15,000.00          |                                   |                             |                |
| TN040-001                                       | Handicap Accessibility                       | 1460  | 1        | \$2,000.00           | \$2,000.00           |                                   |                             |                |
| TN040-001                                       | Kitchen Renovations                          | 1460  | 1        | \$30,000.00          | \$30,000.00          |                                   |                             |                |
| TN040-001                                       | Mechanical                                   | 1460  | 1        | \$2,000.00           | \$2,000.00           |                                   |                             |                |
| TN040-001                                       | Windows                                      | 1460  | 1        | \$12,000.00          | \$12,000.00          |                                   |                             |                |
| TN040-001                                       | Dwelling Equipment                           | 1465.1  | 1        | \$5,000.00           | \$5,000.00           |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |
|   |  |   |          |                      |                      |                                   |                             |                |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part III: Implementation Schedule</b> |   |                               |   |                             |   |
|---|---|-------------------------------|---|-----------------------------|---|
| PHA Name: <b>Lexington Housing Authority</b>  |   |                               |   |                             | Federal FY of Grant: <b>2009</b>              |
| Development Number<br>Name/PHA-Wide<br>Activities   | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                             | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original Obligation<br>End Date             | Actual Obligation<br>End Date | Original Expended<br>End Date               | Actual Expended<br>End Date |   |
| PHA-Wide  | 9/14/11                                     |                               | 9/14/13                                     |                             |   |
| TN040-001   | 9/14/11                                     |                               | 9/14/13                                     |                             |   |
|   |   |                               |   |                             |   |
|   |   |                               |   |                             |   |
|   |   |                               |   |                             |   |
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|   |   |                               |   |                             |   |
|   |   |                               |   |                             |   |

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

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

|  |  |  |
|--|--|--|
| PHA Name: <b>Lexington Housing Authority</b> | Grant Type and Number<br>Capital Fund Program Grant No: <b>TN43S04050109</b><br>Replacement Housing Factor Grant No: | Federal FY of Grant:<br><b>2009 ARRA</b> |
|--|--|--|

Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

| Line No. | Summary by Development Account        | Total Estimated Cost |         | Total Actual Cost |          |
|----------|---------------------------------------|----------------------|---------|-------------------|----------|
|          |                                       | Original             | Revised | Obligated         | Expended |
| 1        | Total non-CFP Funds                   | \$0.00               |         |                   |          |
| 2        | 1406 Operations                       | \$0.00               |         |                   |          |
| 3        | 1408 Management Improvements          | \$333.00             |         |                   |          |
| 4        | 1410 Administration                   | \$0.00               |         |                   |          |
| 5        | 1411 Audit                            | \$0.00               |         |                   |          |
| 6        | 1415 Liquidated Damages               | \$0.00               |         |                   |          |
| 7        | 1430 Fees and Costs                   | \$39,321.00          |         |                   |          |
| 8        | 1440 Site Acquisition                 | \$0.00               |         |                   |          |
| 9        | 1450 Site Improvement                 | \$0.00               |         |                   |          |
| 10       | 1460 Dwelling Structures              | \$204,198.00         |         |                   |          |
| 11       | 1465 Dwelling Equipment—Nonexpendable | \$0.00               |         |                   |          |
| 12       | 1470 Nondwelling Structures           | \$0.00               |         |                   |          |
| 13       | 1475 Nondwelling Equipment            | \$0.00               |         |                   |          |
| 14       | 1485 Demolition                       | \$0.00               |         |                   |          |
| 15       | 1492 Moving to Work Demonstration     | \$0.00               |         |                   |          |
| 16       | 1495.1 Relocation Costs               | \$5,600.00           |         |                   |          |
| 17       | 1499 Development Activities           | \$0.00               |         |                   |          |

| <b>Annual Statement/Performance and Evaluation Report</b>                                    |  |  |         |  |  |
|--|--|--|---------|--|--|
| <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> |  |  |         |  |  |
| <b>Part I: Summary</b>   |  |  |         |  |  |
| PHA Name: <b>Lexington Housing Authority</b>   |  | Grant Type and Number<br>Capital Fund Program Grant No: <b>TN43S04050109</b><br>Replacement Housing Factor Grant No: |         |  | Federal FY of Grant:<br><b>2009 ARRA</b> |
| <input type="checkbox"/> Original Annual Statement   |  | <input type="checkbox"/> Reserve for Disasters/ Emergencies  |         | <input type="checkbox"/> Revised Annual Statement (revision no: 1) |  |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:     |  |  |         | <input type="checkbox"/> Final Performance and Evaluation Report   |  |
| Line No.   | Summary by Development Account   | Total Estimated Cost   |         | Total Actual Cost  |  |
|  |  | Original   | Revised | Obligated  | Expended                                 |
| 18a  | 1501 Collateralization or Debt Service                                   | \$0.00   |         |  |  |
| 18b  | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0.00   |         |  |  |
| 19   | 1502 Contingency   | \$0.00   |         |  |  |
| 20   | Amount of Annual Grant: (sum of lines 2 – 20)                            | \$249,452.00   |         |  |  |
| 21   | Amount of line 20 Related to LBP Activities                              | \$0.00   |         |  |  |
| 22   | Amount of line 20 Related to Section 504 compliance                      | \$0.00   |         |  |  |
| 23   | Amount of line 20 Related to Security – Soft Costs                       | \$0.00   |         |  |  |
| 24   | Amount of Line 20 Related to Security – Hard Costs                       | \$0.00   |         |  |  |
| 25   | Amount of line 20 Related to Energy Conservation Measures                |  |         |  |  |
| Signature of Executive Director  |  | Date   |         | Signature of Public Housing Director                               |  |
|  |  |  |         | Date   |  |

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

|   |  |  |
|---|--|--|
| <b>PHA Name:</b><br>Lexington Housing Authority | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: <b>TN43S04050109</b> CFFP (Yes/No):<br>Replacement Housing Factor Grant No: | <b>Federal FFY of Grant:</b> ARRA 2009 |
|---|--|--|

| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories              | Dev. Acct No. | Quantity  | Total Estimated Cost |                      | Total Actual Cost            |                             | Status of Work |
|---|---|---------------|-----------|----------------------|----------------------|------------------------------|-----------------------------|----------------|
|   |   |               |           | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> |                |
| PHA-Wide                                      | Advertising   | 1410          | 1 LS      | 333.00               |                      |                              |                             |                |
| PHA-Wide                                      | A/E Design  | 1430          | 1 LS      | 15,315.00            |                      |                              |                             |                |
| PHA-Wide                                      | A/E Inspection  | 1430          | 1 LS      | 10,006.00            |                      |                              |                             |                |
| PHA-Wide                                      | A/E Management Fee  | 1430          | 1 LS      | 12,000.00            |                      |                              |                             |                |
| PHA-Wide                                      | Physical Needs Assessment                                 | 1430          | 1 LS      | 2,000.00             |                      |                              |                             |                |
| PHA-Wide                                      | Relocation  | 1495          | 1 LS      | 5,600.00             |                      |                              |                             |                |
| TN040-001                                     | Overlay plaster ceilings with gypsum board                | 1460          | 13,100 SF | 45,193.00            |                      |                              |                             |                |
| TN040-001                                     | Replace base cabinets                                     | 1460          | 109 LF    | 4,521.00             |                      |                              |                             |                |
| TN040-001                                     | Replace wall cabinets                                     | 1460          | 177 LF    | 6,100.00             |                      |                              |                             |                |
| TN040-001                                     | Replace countertops                                       | 1460          | 114 LF    | 1,966.00             |                      |                              |                             |                |
| TN040-001                                     | Install new kitchen sink, faucet, drains and supplies     | 1460          | 14 DU     | 4,347.00             |                      |                              |                             |                |
| TN040-001                                     | Install new washing machine connections and box drain     | 1460          | 14 DU     | 4,830.00             |                      |                              |                             |                |
| TN040-001                                     | Install new water closet, supplies and flange             | 1460          | 14 DU     | 2,898.00             |                      |                              |                             |                |
| TN040-001                                     | Install new vanity  | 1460          | 14 DU     | 2,898.00             |                      |                              |                             |                |
| TN040-001                                     | Install new bathroom faucet, drains and supplies          | 1460          | 14 DU     | 2,415.00             |                      |                              |                             |                |
| TN040-001                                     | Install new bathroom tub surround with waste and overflow | 1460          | 14 DU     | 5,796.00             |                      |                              |                             |                |
| TN040-001                                     | Install new tub liner                                     | 1460          | 14 DU     | 11,592.00            |                      |                              |                             |                |
| TN040-001                                     | Install new tub and shower valve                          | 1460          | 14 DU     | 2,415.00             |                      |                              |                             |                |
| TN040-001                                     | Install new ceramic tile floor and base                   | 1460          | 14 DU     | 3,381.00             |                      |                              |                             |                |
| TN040-001                                     | Install new medicine cabinet                              | 1460          | 14 DU     | 1,449.00             |                      |                              |                             |                |





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

| PHA Name: <a href="#">Lexington Housing Authority</a> |   |                               |   | Federal FY of Grant: <a href="#">ARRA 2009</a> |   |
|---|---|-------------------------------|---|--|---|
| Development Number<br>Name/PHA-Wide<br>Activities     | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |  | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original Obligation<br>End Date             | Actual Obligation<br>End Date | Original Obligation<br>End Date             | Actual Obligation<br>End Date                  |   |
|   |   |                               |   |  |   |
| <a href="#">PHA-Wide</a>                              | <a href="#">03/18/10</a>                    |                               | <a href="#">03/18/12</a>                    |  |   |
| <a href="#">TN040-001</a>                             | <a href="#">03/18/10</a>                    |                               | <a href="#">03/18/12</a>                    |  |   |
|   |   |                               |   |  |   |
|   |   |                               |   |  |   |
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|   |   |                               |   |  |   |

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

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

|  |  |                                     |
|--|--|-------------------------------------|
| PHA Name: <b>Lexington Housing Authority</b> | Grant Type and Number<br>Capital Fund Program Grant No: <b>TN43P04050108</b><br>Replacement Housing Factor Grant No: | Federal FY of Grant:<br><b>2008</b> |
|--|--|-------------------------------------|

Original Annual Statement       Reserve for Disasters/ Emergencies       Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending:       Final Performance and Evaluation Report

| Line No. | Summary by Development Account        | Total Estimated Cost |              | Total Actual Cost |              |
|----------|---------------------------------------|----------------------|--------------|-------------------|--------------|
|          |                                       | Original             | Revised      | Obligated         | Expended     |
| 1        | Total non-CFP Funds                   | \$0.00               | \$0.00       |                   |              |
| 2        | 1406 Operations                       | \$30,000.00          | \$30,000.00  | \$30,000.00       | \$30,000.00  |
| 3        | 1408 Management Improvements          | \$0.00               | \$0.00       | \$0.00            | \$0.00       |
| 4        | 1410 Administration                   | \$0.00               | \$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                   | \$27,000.00          | \$26,991.00  | \$26,991.00       | \$26,991.00  |
| 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              | \$140,071.00         | \$140,080.00 | \$140,080.00      | \$140,080.00 |
| 11       | 1465 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 Demonstration     | \$0.00               | \$0.00       | \$0.00            | \$0.00       |
| 16       | 1495.1 Relocation Costs               | \$0.00               | \$0.00       | \$0.00            | \$0.00       |
| 17       | 1499 Development Activities           | \$0.00               | \$0.00       | \$0.00            | \$0.00       |

| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part I: Summary</b> |  |   |                     |   |  |
|---|--|---|---------------------|---|--|
| PHA Name: <b>Lexington Housing Authority</b>  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: <b>TN43P04050108</b><br>Replacement Housing Factor Grant No: |                     |   | <b>Federal FY of Grant:</b><br><b>2008</b> |
| <input type="checkbox"/> Original Annual Statement  |  | <input type="checkbox"/> Reserve for Disasters/ Emergencies   |                     | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) |  |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:  |  | <input checked="" type="checkbox"/> Final Performance and Evaluation Report   |                     |   |  |
| Line No.  | Summary by Development Account   | Total Estimated Cost  |                     | Total Actual Cost   |  |
|   |  | Original  | Revised             | Obligated   | Expended                                   |
| 18a   | 1501 Collateralization or Debt Service                                   | \$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   | \$0.00  | \$0.00              | \$0.00  | \$0.00                                     |
| 20  | Amount of Annual Grant: (sum of lines 2 – 20)                            | <b>\$197,071.00</b>   | <b>\$197,071.00</b> | <b>\$197,071.00</b>   | <b>\$197,071.00</b>                        |
| 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 compliance                      | \$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                | \$140,071.00  | \$140,080.00        | \$140,080.00  | \$140,080.00                               |
| <b>Signature of Executive Director</b>  |  | <b>Signature of Public Housing Director</b>   |                     | <b>Date</b>   |  |
| <b>Date</b>   |  | <b>Date</b>   |                     | <b>Date</b>   |  |



| <b>Annual Statement/Performance and Evaluation Report</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b><br><b>Part III: Implementation Schedule</b> |   |                               |   |                               |   |
|---|---|-------------------------------|---|-------------------------------|---|
| PHA Name: <b>Lexington Housing Authority</b>  |   |                               |   |                               | Federal FY of Grant: <b>2008</b>              |
| Development Number<br>Name/PHA-Wide<br>Activities   | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                               | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original Obligation<br>End Date             | Actual Obligation<br>End Date | Original Obligation<br>End Date             | Actual Obligation<br>End Date |   |
| PHA-Wide  | 06/30/10                                    | 12/31/08                      | 06/30/12                                    | 03/31/09                      |   |
| TN040-001   | 06/30/10                                    | 12/31/08                      | 06/30/12                                    | 03/31/09                      |   |
|   |   |                               |   |                               |   |
|   |   |                               |   |                               |   |
|   |   |                               |   |                               |   |
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|   |   |                               |   |                               |   |
|   |   |                               |   |                               |   |
|   |   |                               |   |                               |   |

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

| <b>PART I: SUMMARY</b>  |  |   |                                       |                                       |  |                                       |
|---|--|---|---------------------------------------|---------------------------------------|--|---------------------------------------|
| PHA Name/Number<br><b>Lexington Housing Authority / TN040</b> |  | Locality (City/County & State)<br><b>Lexington / Henderson Co., Tennessee</b> |                                       |                                       | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: |                                       |
| A.  | Development Number and Name                    | Work Statement for Year 1<br>FFY 2010   | Work Statement for Year 2<br>FFY 2011 | Work Statement for Year 3<br>FFY 2012 | Work Statement for Year 4<br>FFY 2013  | Work Statement for Year 5<br>FFY 2014 |
| B.  | Physical Improvements Subtotal                 | Annual Statement  | \$135,000.00                          | \$135,000.00                          | \$135,000.00   | \$135,000.00                          |
| C.  | Management Improvements                        |   |                                       |                                       |  |                                       |
| D.  | PHA-Wide Non-dwelling Structures and Equipment |   | \$25,000.00                           | \$25,000.00                           | \$25,000.00  | \$25,000.00                           |
| E.  | ADMINISTRATION                                 |   |                                       |                                       |  |                                       |
| F.  | Other  |   |                                       |                                       |  |                                       |
| G.  | Operations                                     |   | \$40,000.00                           | \$40,000.00                           | \$40,000.00  | \$40,000.00                           |
| H.  | Demolition                                     |   |                                       |                                       |  |                                       |
| I.  | Development                                    |   |                                       |                                       |  |                                       |
| J.  | Capital Fund Financing – Debt Service          |   |                                       |                                       |  |                                       |
| K.  | Total CFP Funds                                |   | \$200,000.00                          | \$200,000.00                          | \$200,000.00   | \$200,000.00                          |
| L.  | Total Non-CFP Funds                            |   | 0.00                                  | 0.00                                  | 0.00   | 0.00                                  |
| M.  | Grand Total                                    |   | \$200,000.00                          | \$200,000.00                          | \$200,000.00   | \$200,000.00                          |











