

<b>PHA 5-Year and Annual Plan</b> <b>tn007v01</b>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
--	---	--

1.0	<b>PHA Information</b> PHA Name: <u>Jackson Housing Authority</u> PHA Code: <u>TN007</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u>														
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>805</u> Number of HCV units: <u>1,394</u>														
3.0	<b>Submission Type</b> <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.)														
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <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> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV	PHA 1:		PHA 2:		PHA 3:	
No. of Units in Each Program															
PH	HCV														
PHA 1:															
PHA 2:															
PHA 3:															
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.														
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  <p style="color: green;"><b>To provide quality housing and supporting services for low and moderate income persons, which promote upward mobility and a better standard of living.</b></p>														

5.2	<p><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.</p> <p><b>Jackson Housing Authority identifies the following goals to serve the needs of the low, very low, and extremely low-income families for the next five years.</b></p> <p><b>Goal: Expand the supply of assisted housing</b></p> <ul style="list-style-type: none"> <li>○ Apply for additional rental vouchers</li> <li>○ Reduce public housing vacancies</li> <li>○ Leverage private or other public funds to create additional housing opportunities</li> <li>○ Acquire or build units or developments</li> </ul> <p><b>Goal: Improve the quality of assisted housing</b></p> <ul style="list-style-type: none"> <li>○ Improve public housing management: PHAS score of 86</li> <li>○ Improve voucher management: SEMAP score of 100</li> <li>○ Increase customer satisfaction</li> <li>○ Renovate or modernize public housing units</li> <li>○ Demolish or dispose of obsolete public housing</li> <li>○ Provide replacement public housing</li> <li>○ Provide replacement vouchers</li> </ul> <p><b>Goal: Increase assisted housing choices</b></p> <ul style="list-style-type: none"> <li>○ Provide voucher mobility counseling</li> <li>○ Conduct outreach efforts to potential voucher landlords</li> <li>○ Increase voucher payment standards</li> <li>○ Implement voucher homeownership program</li> <li>○ Implement public housing or other homeownership programs</li> <li>○ Implement public housing site-based waiting lists</li> <li>○ Convert public housing to vouchers</li> <li>○ Continue Homebuyer Incentive (HI) Program</li> </ul> <p><b>Goal: Provide an improved living environment</b></p> <ul style="list-style-type: none"> <li>○ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments</li> <li>○ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments</li> <li>○ Pursue alternative funding sources for resident programs</li> </ul> <p><b>Goal: Promote self-sufficiency and asset development of assisted households</b></p> <ul style="list-style-type: none"> <li>○ Increase the number and percentage of employed persons in assisted families</li> <li>○ Provide or attract supportive services to improve assistance recipients’ employability</li> <li>○ Provide or attract supportive services to increase independence for the elderly or families with disabilities</li> </ul> <p><b>Goal: Ensure equal opportunity and affirmatively further fair housing</b></p> <ul style="list-style-type: none"> <li>○ Provide fair housing and equal opportunity information and training to applicants, residents and the community</li> </ul> <p><b>A report on the progress JHA made in meeting the goals and objectives described in the previous 5-Year Plan can be found in Section 10.0 under Additional Information.</b></p>
6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <b>The Statement of Financial Resources changes annually to reflect the amount and sources of funding to each program administered by JHA. No other Plan elements have been revised since the last submission. Supporting documents are available for public review.</b></p> <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. <b>JHA Administration Office, 125 Preston Street; Allenton Heights AMP Office, 164 Allen Avenue; and Lincoln Courts AMP Office, 217 Lincoln Circle, Jackson, Tennessee.</b></p>

**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*

**JHA continues to plan to conduct demolition/disposition activities with Lincoln Courts (TN007000040) as outlined and approved in the FYB 2008 Plan as funding sources become available.**

7.0

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	Lincoln Courts
1b. Development (project) number:	TN007000040
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	(10/17/2010)
5. Number of units affected:	215
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 03/01/11 b. Projected end date of activity: 07/15/13

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	Allenton Heights
1b. Development (project) number:	TN007000010
2. Activity type:	Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	(10/17/2010)
5. Number of units affected:	100
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 03/01/11 b. Projected end date of activity: 07/15/13

<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>Attachment tn007b01</b>
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>Attachment tn007c01</b>
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input checked="" 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.

**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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
<b>Income &lt;= 30% of AMI</b>	<b>2628</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>4</b>
<b>Income &gt;30% but &lt;=50% of AMI</b>	<b>1861</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>3</b>
<b>Income &gt;50% but &lt;80% of AMI</b>	<b>1938</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Elderly</b>	<b>1125</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>
<b>Families with Disabilities</b>	<b>N/A</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Caucasian</b>	<b>4683</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>
<b>African American</b>	<b>5255</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>
<b>Hispanic</b>	<b>246</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>
<b>Asian</b>	<b>34</b>	<b>2</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Native Am/Eskimo</b>	<b>41</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Hawaiian</b>	<b>8</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Other</b>	<b>120</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>2 or more races</b>	<b>79</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Data taken from the Consolidated Plan, 2005-2010 of the City of Jackson, Tennessee.

**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.**

**Jackson Housing Authority will address the housing needs of the area it serves within its funding and staffing constraints, and will continue to seek additional resources in its mission to provide quality housing to low income citizens by:**

- ▶ Reducing turnover time for vacated public housing units
- ▶ Seeking replacement of public housing units lost to inventory through mixed-finance developments
- ▶ Maintaining or increasing Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ▶ Maintaining or increasing Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ▶ Maintaining or increasing Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ▶ Participating in the Consolidated Plan development process to ensure coordination with broader community strategies
- ▶ Applying for additional Section 8 vouchers should they become available
- ▶ Leveraging affordable housing resources in the community through the creation of mixed-finance housing
- ▶ Pursuing housing resources other than public housing or Section 8 tenant-based assistance
- ▶ Employing admission preferences aimed at families who are working
- ▶ Adopting rent policies to support and encourage work
- ▶ Applying for special purpose vouchers targeted to the elderly, individuals and families with disabilities
- ▶ Affirmatively market to local non-profit agencies that assist families with disabilities
- ▶ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ▶ Counsel Section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ▶ Market the Section 8 program to owners outside of areas of poverty/minority concentrations

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

**JHA has expanded its supply of assisted housing since the last 5 Year Plan. Three (3) mixed-finance deals successfully closed to provide quality housing in Jackson. The East Pointe property deal closed in March 2006. It was formerly known as Regency Manor with 50 HAP units. An additional 49 units of public housing were built to increase the size of this development, and it normally has a 99% occupancy rate.**

**A Section 32 Homeownership program was approved by SAC, and 22 new homes were constructed and completed in March 2007. The program is known as the East Jackson Single Family Dwelling Infill Initiative. The newly constructed homes are an asset to the revitalization of the neighborhood. Twenty-one of the new homes have been sold to income qualifying families.**

**McMillan Towers, formerly a public housing development was turned into a mixed-finance deal that closed in October 2007. It incorporated leveraging capital funds to obtain tax-exempt debt that simultaneously qualified the deal for 4% low income housing tax credits. The original high-rise building had 151 units that consisted of studio and efficiency apartments previously hard to occupy. The entire building was renovated for a total unit count of 124, and 71 of those are Project Based Voucher, and the remaining 53 are public housing units.**

**Centennial Pass deal closed in December 2008 for construction of 48 units of senior housing on vacant property formerly known as Parkview Courts. This development is a 9% tax credit deal. Leasing first began in December 2009 when 10 units became available for occupancy.**

**JHA continues to improve the quality of assisted housing by rehabbing the existing public housing units thru the Capital Fund program. Assisted housing choices were increased by new construction and rehabilitation of mixed-finance developments. JHA continues to provide an improved living environment to its residents by reducing criminal activity in the developments. The community is aware that crime will not be tolerated on public housing property.**

**Homeownership programs continue to assist participants with the necessary counseling and education for both public housing and Section 8 residents. JHA is an equal opportunity housing provider that strictly adheres to the Fair Housing Act regulations. West Tennessee Legal Services receives funding thru the CDBG program to provide homebuyer counseling to potential homebuyers, and assists renters in protecting their rights.**

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**JHA defines "significant amendment" and "substantial deviation" to include any change with regard to demolition or disposition, designation of housing, homeownership programs or conversion activities, additions of non-emergency work items or change in use of replacement reserve funds, and changes to rent or admissions policies or organization of the waiting lists.**

10.0

**11.0 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.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) **Attached**
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) **Attached**
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) **Attached**
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) **Attached**
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) **Attached**
- (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 **Attachment tn007a01**
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) **Attachment tn007b01**
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) **Attachment tn007c01**

**Attachment tn007a01**

The Jackson Housing Authority held a resident advisory meeting on March 25, 2010, to gather comments, suggestions, and requests from tenants and program participants for the PHA 5-Year and Annual Plan. JHA capital fund projects, policies and procedures, programs and services were reviewed. RAB members agreed on the improvements being pursued by the Authority.

A public hearing was held on Thursday, June 10, 2010 in the Administrative Office of the Jackson Housing Authority, 125 Preston Street, to discuss the Five-Year Plan and the FY 2010 Annual Plan.

**Part I: Summary**

<b>PHA Name: Jackson Housing Authority, Jackson, Madison County, Tennessee</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P007501-06 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>
--	--	--

**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no:5 )  
 Performance and Evaluation Report for Period Ending: 06/30/10     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	50,000	50,000	50,000	50,000
4	1410 Administration (may not exceed 10% of line 21)	102,000	102,000	102,000	102,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	19,414	19,414	19,414	19,414
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	3,000.29	3,000.29	3,000.29	3,000.29
17	1499 Development Activities <sup>4</sup>	556,755	556,755	556,755	556,755

<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.

# ATTACHMENT tn007b01

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

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

<b>Part I: Summary</b>	
<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P00700501-06 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no: 5 )

Performance and Evaluation Report for Period Ending: 06/01/10                     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	360,127.71	360,127.71	360,127.71	360,127.71
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,091,297	1,091,297	1,091,297	1,091,297
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> 	<b>Date</b> 7-8-10	<b>Signature of Public Housing Director</b> 	<b>Date</b>
--	-----------------------	---	-------------

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



<b>Part II: Supporting Pages</b>								
PHA Name: Jackson Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-06 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2006</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Management Improvements	1408	1	50,000	50,000	50,000	50,000	
	Administration	1410	1	102,000	102,000	102,000	102,000	
	Fees & Costs	1430	1	19,414	19,414	19,414	19,414	
TN007000150	212 S Fairgrounds Mixed Finance	1499	1	556,755	556,755	556,755	556,755	
	Relocation of Residents	1495.1	4	3,000.29	3,000.29	3,000.29	3,000.29	
PHA-Wide	Annual Debt Service (TN7-0150)	9000	1	360,127.71	360,127.71	360,127.71	360,127.71	

<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.

**ATTACHMENT tn007b01**

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson Housing Authority				Federal FFY of Grant: 2006	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	09/08	09/08	09/09		
TN007000150	09/08	09/08	09/09		

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

<b>Part I: Summary</b>	
<b>PHA Name: Jackson Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P007501-07 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:4 )  
 Performance and Evaluation Report for Period Ending: 06/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	50,000	50,000	50,000	50,000
4	1410 Administration (may not exceed 10% of line 21)	102,000	102,000	102,000	102,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	94,400	94,400	94,400	94,400
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	3,000	3,018	3,018	3,000
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	580,927.08	580,909.08	580,909.08	580,909.08

<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.

**ATTACHMENT tn007b01**

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

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

<b>Part I: Summary</b>	
<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-07 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no: 5 )

Performance and Evaluation Report for Period Ending: 05/31/10                     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	327,247.92	327,247.92	327,247.92	327,247.92
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,157,575	1,157,575	1,157,575	1,157,557
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> <i>C. Winston Fleming</i>	<b>Date</b> 7-8-10	<b>Signature of Public Housing Director</b>	<b>Date</b>
---	-----------------------	---	-------------

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

<b>Part II: Supporting Pages</b>								
PHA Name: Jackson Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-07 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Management Improvements	1408	1	50,000	50,000	50,000	50,000	
	Administration	1410	1	102,000	102,000	102,000	102,000	
	Non-Dwelling Equipment	1475	2	3,000	3,018	3,018	3,000	
	Development (Centennial Pass)	1499	1	301,800	301,782.08	301,782.08	301,782.08	
TN007000120	Dwelling Units Electrical Re-wire	1460	118	94,400	94,400	94,400	94,400	
TN007000150	212 S. Fairgrounds Mixed Finance	1499	53	279,127	279,127	279,127	279,127	
	Debt Service	9000	1	327,248	327,247.92	327,247.92	327,247.92	

<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.

# ATTACHMENT tn007b01

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson Housing Authority				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	09/09		09/10		
TN007000120	09/09		09/10		
TN007000150	09/09		09/10		

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

<b>Part I: Summary</b>	
<b>PHA Name: Jackson Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P00750108 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:6 )  
 Performance and Evaluation Report for Period Ending: 06/30/10       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	689,767	689,767	689,767	689,767
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	16,000	16,000	16,000	16,000
4	1410 Administration (may not exceed 10% of line 21)	120,000	120,000	120,000	120,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	62,000	62,000	62,000	39,826.41
8	1440 Site Acquisition				
9	1450 Site Improvement	32,000	29,797.80	29,797.80	29,797.80
10	1460 Dwelling Structures	370,208.07	371,700	371,700	224,494.03
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	5,383	6,093.27	6,093.27	-0-
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	271,435	271,435	271,435	271,435

<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.

**ATTACHMENT tn007b01**

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

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

**Part I: Summary**

<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P00750108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval:</b>
---	---	---

**Type of Grant**

Original Annual Statement                       Reserve for Disasters/Emergencies                       Revised Annual Statement (revision no: 6 )

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				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	327,247.93	327,247.93	327,247.93	218,165.28
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,204,274	1,204,274	1,204,274	919,718.52
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> <i>C. Winston Henry</i>	<b>Date</b> 7-8-10	<b>Signature of Public Housing Director</b>	<b>Date</b>
---	-----------------------	---	-------------

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



<b>Part II: Supporting Pages</b>								
PHA Name: Jackson Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Management Improvements	1408	1	-0-	-0-	-0-	-0-	
	Administration	1410	1	120,000	120,000	120,000	120,000	
	Fees & Costs	1430	1	62,000	62,000	62,000	39,826.41	
	Construction Inspection	1460	1	-0-	-0-	-		
TN007000010	Non-Dwelling Renovation	1470	1	5,383	6,093.27	6,093.27	-0-	
TN007000120	Dwelling Units (electrical)	1460	118	188,800	188,800	188,800	188,800	
TN007000150	Debt Service	9000	1	327,247.93	327,247.93	327,247.93	218,165.28	
	Management Improvements	1408	53	16,000	16,000	16,000	16,000	
TN007000160	Centennial Pass Development	1499	98	271,435	271,435	271,435	271,435	
	Construction Inspection	1460	1	31,000	31,000	31,000	31,000	
Non-CFP funds	Program Income & Insurance Proceeds	non-add	non-add	689,767	689,767	689,767	689,767	
TN007000060	Site Improvements electrical	1450	5	32,000	29,797.80	29,797.80	29,797.80	
	Dwelling Structures (Five year Plan)	1460	124	150,408.07	151,900	151,900	4,694.03	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson Housing Authority				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	09/10	05/10	09/12		
TN007000010	09/10	04/10	09/12		
TN007000120	09/10	05/10	09/12		
TN007000150	09/10	05/10	09/12		
TN007000160	09/10	05/10	09/12		
TN007000060	09/10	06/10	09/12		
Non-CFP funding in support of Centennial Pass	09/10	12/09	09/12		

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

**Part I: Summary**

<b>PHA Name: Jackson Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P007501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
--	--	--

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:3 )  
 Performance and Evaluation Report for Period Ending: 5/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	58,000	58,000	16,000	-0-
4	1410 Administration (may not exceed 10% of line 21)	108,000	108,000	108,000	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,000	4,000	2,000	2,000
8	1440 Site Acquisition				
9	1450 Site Improvement	-0-	2,000	-0-	-0-
10	1460 Dwelling Structures	124,400	30,000	30,000	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	312,274	404,674	23,850	23,850
13	1475 Non-dwelling Equipment	5,000	5,000	-0-	-0-
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	1,000	1,000	-0-	-0-
17	1499 Development Activities <sup>4</sup>	165,466.20	165,466.20	-0-	-0-

<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.

**ATTACHMENT tn007b01**

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

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

<b>Part I: Summary</b>	
<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P007501-09 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no: 2 )

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				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	305,599.80	305,599.80	305,599.80	-0-
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,083,740	1,083,740	489,265.80	29,666
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	16,000	16,000	16,000	
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> Date <b>7-8-10</b>	<b>Signature of Public Housing Director</b> Date
--	---

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

<b>Part II: Supporting Pages</b>								
PHA Name: Jackson Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P007501-09 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Administration (COCC)	1410	1	108,000	108,000	108,000	-0-	
PHA-WIDE	NonDwelling Equipment	1475	2	-0-	5,000	-0-	-0-	
TN007000010	Management Improvements	1408	2	4,000	4,000	-0-	-0-	
	Fees & Costs	1430	1	1,000	1,000	1,000	1,000	
	NonDwelling Renovations	1470	1	312,274	404,674	23,850	23,850	
	Development	1499	1	10,000	10,000	-0-	-0-	
TN007000040	Management Improvements	1408	2	4,000	4,000	-0-	-0-	
	Fees & Costs	1430	1	1,000	1,000	-0-	-0-	
	Relocation	1495.1	20	1,000	1,000	-0-	-0-	
	Development	1499	1	160,466	155,466.20	-0-	-0-	
TN007000120	Management Improvements	1408	2	4,000	4,000	-0-	-0-	
	Fees & Costs	1430	1	1,000	1,000	1,000	1,000	
TN007000050	Management Improvements	1408	2	4,000	4,000	-0-	-0-	
TN007000060	Management Improvements	1408	2	4,000	4,000	-0-	-0-	
	Site Improvements	1450	1	-0-	2,000	-0-	-0-	

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Jackson Housing Authority			Grant Type and Number Capital Fund Program Grant No: 501-09 CFFP (Yes/ No): no Replacement Housing Factor 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN007000140	Management Improvements	1408	2	4,000	4,000	-0-	-0-	
TN007000150	Management Improvements	1408	3	34,000	34,000	16,000	-0-	
	Debt Service	9000	1	305,600	305,599.80	305,599.80	-0-	
TN007000160	Fees & Costs	1430	1	1,000	1,000	-0-	-0-	
	Construction Inspection	1460	1	30,000	30,000	30,000	-0-	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson 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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	09/2012		09/2013		
TN007000010	09/2012		09/2013		
TN007000040	09/2012		09/2013		
TN007000050	09/2012		09/2013		
TN007000060	09/2012		09/2013		
TN007000120	09/2012		09/2013		
TN007000140	09/2012		09/2013		
TN007000150	09/2012		09/2013		
TN007000160	09/2012		09/2013		

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

<b>Part I: Summary</b>	
<b>PHA Name: Jackson Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: CFP501-10 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	25,000			
4	1410 Administration (may not exceed 10% of line 21)	107,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	1,000			
10	1460 Dwelling Structures	99,400			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	200,000			
13	1475 Non-dwelling Equipment	25,000			
14	1485 Demolition	2,000			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	1,000			
17	1499 Development Activities <sup>4</sup>	298,133			

<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.



**ATTACHMENT tn007b01**

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

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

**Part I: Summary**

<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>
---	--	---

**Type of Grant**

Original Annual Statement                       Reserve for Disasters/Emergencies                       Revised Annual Statement (revision no:                      )

Performance and Evaluation Report for Period Ending:                       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	268,797			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,077,330			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> <i>C. Winston Henning</i>	<b>Date</b> 4-8-10	<b>Signature of Public Housing Director</b>	<b>Date</b>
---	-----------------------	---	-------------

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010				
PHA Name: Jackson Housing Authority		Capital Fund Program Grant No: TN43P007501-10 CFFP (Yes/ No): no Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN007000010	Mgmt Improvements, energy audit, PNA	1408	1	1,000				
	AE Fees & Costs	1430	1	5,000				
	NonDwelling Renovations	1470	1	200,000				
	Development Due Diligence	1499	1	5,000				
	Site Improvements	1450	1	500				
TN007000040	Mgmt Improvements energy audit, PNA	1408	2	4,000				
	AE Fees & Costs	1430	1	26,000				
	Site Improvements	1450	1	500				
	Development LIHTC Mixed Finance	1499	1	293,133				
	Dwelling Units	1460	215	5,000				
TN007000120	Mgmt Improvements, energy audit	1408	2	3,000				
	AE Fees & Costs	1430	1	4,000				
	Electrical Upgrades	1460	118	94,400				
TN007000050	Mgmt Improvements Energy Audit, PNA	1408	2	2,000				
	AE, Fees & Costs	1430	1	4,000				

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

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

<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2010</b>				
PHA Name: Jackson Housing Authority		Capital Fund Program Grant No: 501-10 CFFP (Yes/ No): no Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN007000140	Mgmt Improvements Energy Audit, PNA	1408	2	4,000				
	AE, Fees & Costs	1430	1	5,000				
TN007000150	Mgmt Improvements, Energy Audit, PNA	1408	3	4,000				
	Debt Service	9000	1	268,797				
	AE, Fees & Costs	1430	1	4,000				
TN007000160	AE, Fees & Costs	1430	1	1,000				
	Mgmt Improvements, Energy Audit, PNA	1408	1	1,000				
TN007000060	Mgmt Improvements Energy Audit, PNA	1408	3	6,000				
	Fees & Costs	1430	3	1,000				
PHA-WIDE	Administration COCC	1410	1	107,000				
	Non-Dwelling Equipment	1475	4	25,000				
	Demolition	1485	1	2,000				
	Relocation	1495.1	1	1,000				

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson Housing Authority				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	07/12		7/13		

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>PHA Name: Jackson Housing Authority, Jackson, TN</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43S00750109 Replacement Housing Factor Grant No: Date of CFFP:	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 3 )  
 Performance and Evaluation Report for Period Ending: 05/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	170,000	170,000	170,000	170,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	92,000	92,000	92,000	90,080
8	1440 Site Acquisition				
9	1450 Site Improvement	-0-	-0-	-0-	
10	1460 Dwelling Structures	1,263,190.29	1,263,190.29	1,263,190.29	1,248,577
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	221,525.71	221,525.71	221,525.71	132,947
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

# ATTACHMENT tn007b01

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

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

**Part I: Summary**

<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43S00750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>
---	---	---

**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no: 3 )

Performance and Evaluation Report for Period Ending:                     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,746,716	1,746,716	1,746,716	1,641,604
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	30,000	12,000	12,000	12,000
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs	25,000	-0-	-0-	-0-
25	Amount of line 20 Related to Energy Conservation Measures	479,000	520,684	520,684	510,684

<b>Signature of Executive Director</b> Date <b>11-8-10</b>	<b>Signature of Public Housing Director</b> Date
---	---

<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.

**Part II: Supporting Pages**

PHA Name: Jackson Housing Authority, Jackson, TN	<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43S00750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2009</b>
--	---	-----------------------------------

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN00700010	Administration	1410	1	170,000	170,000	170,000	170,000	
TN007000040	Due Diligence/AE Services	1430	5	92,000	92,000	92,000	90,080	
TN007000001	AE Services							
TN007000050	AE Services							
TN007000060	AE Services							
TN007000120	AE Services							
TN007000010	Site Improvements	1450	1	-0-	-0-	-0-	-0-	
TN007000060	Utility Service Upgrades	1450	5	-0-	-0-	-0-	-0-	
TN007000050	Drainage & Erosion Improvements	1450	1	-0-	-0-	-0-	-0-	
	Gutters & Downspouts	1460	100	100,000	100,000	100,000	100,000	
	Roofing	1460	100	225,503	225,503	225,503	225,503	
TN007000060	Roofing & Gutters	1460	124	517,403.29	517,403.29	517,403.29	502,790	
	HVAC	1460	89	-0-	-0-	-0-		
TN007000120	Roofing & Insulation	1460	118	420,284	420,284	420,284	420,284	
	Electrical Improvements	1460	118	-0-	-0-	-0-	-0-	
	HVAC	1460	118	-0-	-0-	-0-	-0-	
TN007000010	Non-Dwelling Buildings	1470	1	221,525.71	221,525.71	221,525.71	132,947	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson 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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN007000001	09/09	03/10	09/11		
TN007000040	07/09	06/09	09/10		
TN007000050	07/09	06/09	09/10		
TN007000060	08/09	12/09	09/10		
TN007000120	12/09	06/09	12/11		

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



**Part I: Summary**

<b>PHA Name: Jackson Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R007501-09 Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
--	--	--

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 05/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	323,991		-0-	-0-

<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.

# ATTACHMENT tn007b01

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

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

**Part I: Summary**

<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R007501-09 Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>
---	--	---

**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no:                      )

Performance and Evaluation Report for Period Ending:                     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	323,991		-0-	-0-
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> Date <b>7-8-10</b>	<b>Signature of Public Housing Director</b> Date
--	---

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

<b>Part II: Supporting Pages</b>								
PHA Name: Jackson Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): no Replacement Housing Factor Grant No: TN43R007501-09			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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN007000040	Lincoln Courts Mixed Finance	1499	1	323,991		-0-	-0-	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson 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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN007000040	09/10		09/12		

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

<b>Part I: Summary</b>	
<b>PHA Name: Jackson Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R007503-09 Date of CFFP:
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )  
 Performance and Evaluation Report for Period Ending: 05/31/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	30,367.00		-0-	-0-

<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.

**ATTACHMENT tn007b01**

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

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

**Part I: Summary**

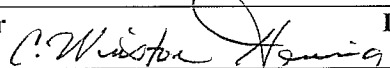
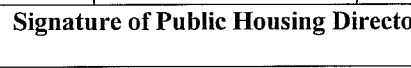
<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R007503-09 Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>
---	--	---

**Type of Grant**

Original Annual Statement                     
  Reserve for Disasters/Emergencies                     
  Revised Annual Statement (revision no:                      )

Performance and Evaluation Report for Period Ending:                     
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	30,367.00		-0-	-0-
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> 	<b>Date</b> 7-8-10	<b>Signature of Public Housing Director</b> 	<b>Date</b>
---	-----------------------	--	-------------

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

<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2009</b>				
PHA Name: Jackson Housing Authority		Capital Fund Program Grant No: CFFP (Yes/ No): no Replacement Housing Factor Grant No: TN43R007503-09						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN007000040	Lincoln Courts Mixed Finance	1499	1	30,367.00		-0-	-0-	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson 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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN007000040	09/10		09/12		

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



**Part I: Summary**

<b>PHA Name: Jackson Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R007501-10 Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
--	--	---

**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 0     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	373,528		-0-	-0-

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

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

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

**Part I: Summary**

<b>PHA Name:</b> Jackson Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: TN43R007501-10 Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>
---	--	---

**Type of Grant**

Original Annual Statement
  Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending:
  Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	373,528		-0-	-0-
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> 	<b>Date</b> 7-8-10	<b>Signature of Public Housing Director</b> 	<b>Date</b>
--	-----------------------	---	-------------

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

<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2010</b>				
PHA Name: Jackson Housing Authority		Capital Fund Program Grant No: CFFP (Yes/ No): no Replacement Housing Factor Grant No: TN43R007501-10						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN007000040	Lincoln Courts Mixed Finance	1499	1	373,528		-0-	-0-	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Jackson Housing Authority				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
TN007000040	07/12		07/14		

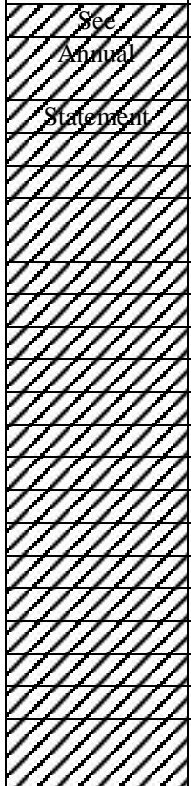
<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>						
PHA Name/Number		Locality (Jackson, Madison County, Tennessee)			Original 5-Year Plan <input type="checkbox"/> Revision No: <input checked="" type="checkbox"/>	
A.	Development Number and Name	Work Statement for Year 1 FFY _____ 2010	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 Subtotal	Annual Statement	104,400	444,400	200,000	0
C.	Management Improvements		25,000	25,000	25,000	25,000
D.	PHA-Wide Non-dwelling Structures and Equipment		300,000	100,000	100,000	400,000
E.	Administration		120,000	120,000	120,000	120,000
F.	Other		155,000	55,000	55,000	55,000
G.	Operations					
H.	Demolition		20,000	20,000	10,000	10,000
I.	Development		845,000	1,020,000	1,310,000	800,000
J.	Capital Fund Financing – Debt Service		268,797	201,611	201,611	201,611
K.	Total CFP Funds		1,818,197	1,986,011	2,011,611	1,611,611
L.	Total Non-CFP Funds		206,021	206,021	206,021	206,021
M.	Grand Total					

**Part I: Summary (Continuation)**

PHA Name/Number Jackson Housing Authority		Locality (Jackson, Madison County, TN)			Original 5-Year Plan	<input checked="" type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY_2010_	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
		Annual Statement				
	TN007000010		420,000	270,000	400,000	0
	TN007000040		615,000	600,000	500,000	0
	TN007000120		94,400	94,400	200,000	0
	TN007000050		0	120,000	0	0
	TN007000060		0	230,000	0	0
	TN070000140 Phase 2		10,000	0	0	0
	PHA-WIDE		110,000	250,000	510,000	1,200,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>							
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2</u>			Work Statement for Year: 3			
	FFY <u>2011</u>			FFY <u>2012</u>			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	
Sec. Annual Statement	<b>Development activities (demolition/mixed finance/revitalization)</b>			<b>Development activities (demolition/mixed finance/revitalization)</b>			
	TN007000010	100	120,000	TN007000010	100	220,000	
	TN007000040	215	615,000	TN007000040	215	600,000	
	TN70000130 (2)	4	10,000				
	PHA-Wide	1	100,000	PHA-Wide	1	200,000	
	<b>Dwelling Unit &amp; Site Repairs</b>			<b>Dwelling Unit &amp; Site Repairs</b>			
	TN007000120	118	94,400	TN007000120	118	94,400	
	PHA-WIDE (504,FHEO)	1	10,000	TN007000050	100	120,000	
				TN007000060	31	230,000	
	<b>Non-Dwelling Repairs &amp; Equipment</b>			<b>Non-Dwelling Repairs &amp; Equipment</b>			
	TN007000010	1	300,000	TN007000010	1	100,000	
Subtotal of Estimated Cost			\$1,249,400	Subtotal of Estimated Cost			\$1,564,400

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _2010_	Work Statement for Year _4_____			Work Statement for Year: __5_____		
	FFY __2013_____			FFY __2014_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>Development activities</b>					
	<b>(demolition, mixed finance/revitalization</b>			<b>Development Activities</b>		
	TN007000010	100	300,000	PHA-WIDE	1	800,000
	TN007000040	215	500,000			
	PHA-Wide	1	500,000	<b>Non-Dwelling Renovations</b>		
	<b>Dwelling Unit &amp; Site Repairs</b>			PHA-WIDE	2	400,000
	TN007000120	118	200,000			
	<b>Non-Dwelling Repairs &amp; Equipment</b>					
	TN007000010	1	100,000			
	Subtotal of Estimated Cost		\$1,610,000	Subtotal of Estimated Cost		\$1,200,000



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>2</u> FFY <u>2011</u>		Work Statement for Year: <u>3</u> FFY <u>2012</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	TN007000150		TN007000150	
	Security Guard for 53 ACC units	25,000	Security Guard for 53 ACC units	25,000
		Subtotal of Estimated Cost	\$25,000	Subtotal of Estimated Cost

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2010	Work Statement for Year <u>4</u> FFY <u>2013</u>		Work Statement for Year: <u>5</u> FFY <u>2014</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	TN007000150		TN007000150	
	Security Guard for 53 ACC units	25,000	Security Guard for 53 ACC units	25,000
		Subtotal of Estimated Cost	\$25,000	Subtotal of Estimated Cost

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

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

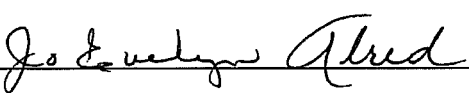
Jackson Housing Authority  
PHA Name

TN007  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2010 - 2015

Annual PHA Plan for Fiscal Years 2010 - 2011

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  Jo Evelyn Alred	Title  Chairperson, Board of Commissioners
Signature  	Date  June 17, 2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Jackson Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Five-Year and Annual Plan FY 2010

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

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

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

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

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

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

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

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

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

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

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

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

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency 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.)

AMP 10 & 50, 164 Allen Avenue

AMP 40 & 60, 217 Lincoln Circle

AMP 120, 550 Old Hickory Boulevard

AMP 130, Phillips & Cartmell Streets

AMP 140, 504 Daugherty Street

AMP 150, 212 S. Fairgrounds Street,

AMP 160, 100 Millennium Drive, and COCC, 125 Preston Street, Jackson, Madison County, Tennessee 38301

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

C. Winston Henning

Title

Executive Director

Signature

X *C. Winston Henning*

Date

June 17, 2010

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name

Jackson Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Five-Year and Annual Plan FY 2010

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.

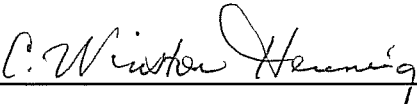
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this 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  C. Winston Henning	Title  Executive Director
Signature  	Date (mm/dd/yyyy)  06/17/2010

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB  
0348-0046

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

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <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	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Jackson Housing Authority 125 Preston Street Jackson, Tennessee 38301 Congressional District, if known: 8th	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  U. S. Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b>  PHA Five-Year and Annual Plan FY 2010 CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>C. Winston Henning</u> Print Name: <u>C. Winston Henning</u> Title: <u>Executive Director</u> Telephone No.: <u>731-422-1671</u> Date: <u>6/17/10</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**Civil Rights Certification**

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

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

*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.

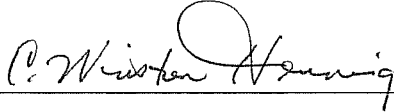
Jackson Housing Authority

TN007

\_\_\_\_\_  
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  C. Winston Henning	Title  Executive Director
Signature 	Date 06/17/2010



**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, David L. Ralston the Director of Community Development certify that the Five Year and Annual PHA Plan of the Jackson Housing Authority is consistent with the Consolidated Plan of City of Jackson, Tennessee prepared pursuant to 24 CFR Part 91.

David L Ralston 6/17/10

Signed / Dated by Appropriate State or Local Official