

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

1.0	<b>PHA Information</b> PHA Name: <u>The Housing Authority of the City of Phenix City, AL</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): <u>10/01/2010</u> PHA Code: <u>AL005</u> <input type="checkbox"/> HCV (Section 8)				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>922</u> Number of HCV units: <u>772</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	No. of Units in Each Program
	PHA 1:				PH      HCV
	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: <b>The Phenix City Housing Authority, a public housing provider, is committed to delivering affordable housing and customer satisfaction for low-income clients. Through a combination of strong work ethic, innovation and experience, our staff will provide quality services and comprehensive solutions that are reliable, diverse and cost effective. We pledge to promote economic opportunities and safe, decent living environments for all residents free from discrimination.</b>				
5.2	<b>Goals and Objectives.</b> Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>During the next five years we plan: to continue finding ways to decrease turnaround time and address challenges due to decreased staffing with asset management – decrease from 47 days to 20 days. The average turnaround time as of fiscal year end 9-30-10 decreased to 28 days. We will continue to address ways to decrease this time. Maintain vacancy rate of less than 3% by efficient utilization of the waiting list and advertising if needed. Continue modernization efforts to update apartments interior, exterior and site – complete 200 apartments, 136 apartments have been renovated as of fiscal year end 9-30-10. Address infrastructure issues in the older developments to replace old terra cotta and cast iron pipes. Sewer and water line replacement is currently underway affecting 160 apartments. PCHA owns the electrical system in two of its developments and it has become very difficult to find a company to maintain the system and the cost of repair/replacement has increased considerably. The Authority has begun negotiations with Alabama Power to purchase the system. Also, currently investigating the feasibility of an energy contract for greater energy efficient apartments. Two new units are almost complete at H.L. Blake with replacement funds. This elderly designated complex is always 100% occupied. Explore funding and partnership opportunities to assist residents who wish to move toward self-sufficiency through job training, educational and budgeting classes. Utilize Section 8 Housing Choice Voucher spreadsheet tool to monitor voucher costs and voucher issuance to more accurately gauge HAP to avoid overspending and underspending of subsidy received.. Initiate a Section 8 Homeownership Program within the next five years. Training opportunities for managers in asset management and maintenance staff. Continue cooperation with the City in its efforts to revitalize downtown area as it relates and enhances the quality of life for our residents. Continue to explore possibilities for location of public housing units in demographic areas to accomplish deconcentration. Become more proactive in community agencies that can work with the Authority to address specific needs of the low and very low income families. Continue reconfiguration of units through modernization to provide for more availability of one and two bedroom units – reconfigured 100 apartments as of 9-30-10.</b>				
6.0	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Amendment to Section 8 Administrative Policy clarifying family qualifications that govern size of voucher. Amendment to ACOP – income verification order – applicant response time when offered apartment – local preference for working families  (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>PHA Plan may be obtained at the Central Office located at 200 16<sup>th</sup> Street, Phenix City, AL . Riverview Rental Office – 100 16<sup>th</sup> Street, Phenix City, AL, Frederick Douglass Rental Office – 400 12<sup>th</sup> Avenue, Phenix City, AL, L.P. Stough Rental Office 101 South 10<sup>th</sup> Street, Phenix City, AL, H.L. Blake Rental Office – 2000 20<sup>th</sup> Court, Phenix City, AL and Whispering Pines Rental Office – 1200 12<sup>th</sup> Avenue, Phenix City, AL. Each Resident Advisory Board member is given a copy of the PHA Plan for the respective resident councils.</b>				

7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers <b>The Phenix City Housing Authority does not anticipate it will apply for HOPE VI or Mixed Finance Modernization this year. The Authority plans to request disposition of non-dwelling building adjoining the Frederick Douglass Apartment Complex property. Building was an elementary school given to the housing authority by the Phenix City School System.</b>
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>Based on information provided by the Alabama Consolidated Plan, HUD data, National Low Income Housing Coalition, and 2010 U.S. Census information the need for affordable housing continues to be a problem. The elderly and disabled, as well as families with low or no income due to continued difficult economic times have a need for affordable housing. In Russell County, 38% of households are renters. The average renter household income in Russell County is \$24,549 with the percent of renters that are unable to afford fair market rent at 53%. According to Alabama statistics, non-family households (primarily persons living alone) comprises about 1/3 of all households. Only 19% of Alabama households now contain families with children under 18. The average household size is 2.4 which seem to be very evident here. The need for one and two bedroom apartments in Phenix City is 100% greater than three and four bedroom apartments as evidenced by our waiting lists. The PCHA has no available one and two bedroom public housing units. Over 90% of applicants currently on the waiting lists are for one and two bedroom apartments. The elderly population continues to grow with over 80% not having adequate retirement income. Our elderly designated complex, H.L. Blake has 68 apartments that stay virtually 100% rented at all times. The challenge for PCHA is that over 500 of its apartments are townhouses and not realistic living arrangements for the elderly. We have a real need for more one level housing for both the elderly and disabled. The Section 8 waiting list is closed. All restricted reserves has been spent and unrestricted reserves are presently be used. Funding constraints prevent issuance of additional vouchers. When funding is available through budget increase or HAP decrease, vouchers will be issued through lottery system.</b>
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> PCHA will continue to perform modernization through reconfiguration of apartments to provide the one and two bedroom units for the needs of the community. By gutting the existing walls and re-configuring some of the buildings, we are able to complete much needed electrical, plumbing and HVAC work adding washer/dryer connections and changing light fixtures to more efficient lighting. More funding is required to complete this amount of MOD so the addition of one and two bedroom apartments is a slow process. PCHA will begin to look for funding sources that will enable us to provide more adequate housing for the elderly and disabled. Section 8 staff will continue to monitor program to utilize funding to the greatest extent possible to house more families by analyzing comparables on an annual basis to assure that rents charged to voucher participants are comparable to non-assisted units; correct voucher size for family; EIV check of income reports; property owner meetings on a quarterly basis to inform and explain the benefits of the voucher program and discuss payment standards; and perform interims that affect the amount of subsidy paid.

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <b>The PCHA is working diligently to be able to maintain its mission to promote adequate and affordable housing through utilization of Capital Funds, participation in the housing authority bond issue and proper application of housing policies. Some goals over the past 5 years were to: increase occupancy, acquire units through replacement housing, adequately utilize Section 8 housing choice vouchers increasing the number of voucher participants, improve turnaround time in public housing and bring 60+ year old apartments into more market standards including better parking, interior renovations and curb appeal. Progress toward these goals are; overall vacancy rate of the Authority has consistently improved to an average of less than 3% vacancy authority-wide. We have now completed 127 totally renovated apartments and added air conditioning to 180 apartments that previously did not have air conditioning. Turnaround time in public housing decreased again this year from 47 days to 28 days. Two new units have been built through replacement housing funding.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” The PCHA defines a Substantial Deviation to the Annual Plan/Five Year Plan and a Significant Amendment or Modification as any actions, decisions or policies recommended by the HA that substantially changes its mission, goals and objectives stated in the Plan, addition of non-emergency work items more than 20% of the Annual Statement Amount not included in the 5 year plan, changes to rent and admissions policies other than those due to HUD policy changes and changes in the use of the replacement reserve funds under the Capital Fund and change regarding demolition or disposition, designation, homeownership programs or conversion activities. An exception to this definition would be items that have been adopted to comply with HUD regulatory requirements or recommendations. In the event that a Significant Amendment or Substantial Deviation/Modification to the Annual Plan is made, the PCHA will hold a public hearing and/or notify the Resident Advisory Board of the changes and allow the opportunity to view the changes and make suggestions. Once the public process requirement has been met, the HA shall submit a revised PHA plan.</p>
------	--

11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
------	--

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

#### PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

**8.2 Capital Fund Program Five-Year Action Plan**

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

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

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

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

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

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

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

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

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

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

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

**Resolution #698-5-11**

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or      Annual PHA Plan for the PHA fiscal year beginning 10/01/11, 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.

Phenix City Housing Authority

AL005

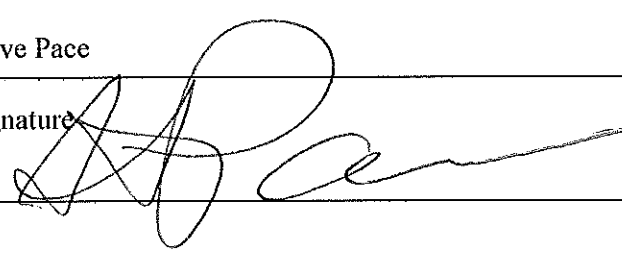
\_\_\_\_\_  
PHA Name

\_\_\_\_\_  
PHA Number/HA Code

\_\_\_\_\_ 5 -Year PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_\_

  X   Annual PHA Plan for Fiscal Years 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	Title
Steve Pace	Board Chairman
Signature 	Date
X	05/24/2011



# 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:*

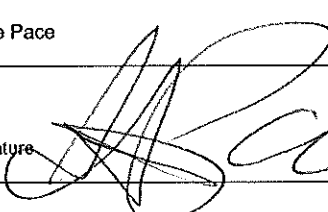
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further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

Phenix City Housing Authority

AL005

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 Steve Pace	Title Board Chairman
Signature 	Date 05/24/2011

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Phenix City Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

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

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

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)

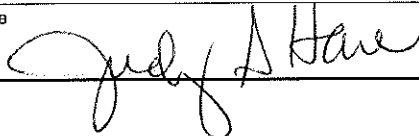
Name of Authorized Official

Judy S. Hare

Title

Executive Director

Signature

X 

Date

05/24/2011

**Certification of Payments  
to Influence Federal Transactions**

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

Applicant Name

Phenix City Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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


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

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

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

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

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

Name of Authorized Official  Judy S. Hare	Title  Executive Director
Signature  	Date (mm/dd/yyyy)  05/24/2011

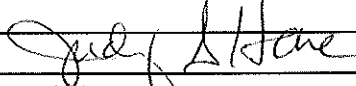
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="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 checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="checked" 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="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: <sup>4c</sup>	<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 HUD	<b>7. Federal Program Name/Description:</b> Capital Fund Program  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></u> Print Name: <u>Judy S. Hare</u> Title: <u>Executive Director</u> Telephone No.: <u>334-664-9991</u> Date: <u>05/24/2011</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

RESIDENT ADVISORY BOARD  
MAY 5, 2011 – 11:00 A.M.

Members:

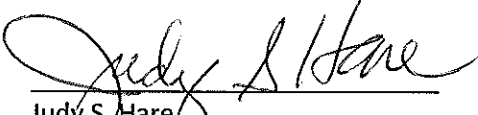
Carolyn Thomas – Blake Apartments  
Vanessa Pleasant – Whispering Pines  
Claudia Lewis – Frederick Douglass  
Richard Cannon - Riverview

The Phenix City Housing Authority Resident Advisory Board met on May 5, 2011 at 11: 00 a.m. at the administrative office located at Riverview Apartments to discuss the FY2011 PHA Annual/Five Year.

The five year physical needs assessment was discussed with the most urgent needs being listed on the capital funds five year plan.

Ms. Thomas commented about the condition of bathrooms at the old Blake section and was pleased that bathroom modernization was addressed in the plan.

There was general discussion regarding lack of sufficient parking at all the developments and the challenges due to concentration of apartments with insufficient property to put additional parking areas. There were no objections to the plan presented.



Judy S. Hare  
Executive Director

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		Grant Type and Number		FFY of Grant Approval:	
PHA Name: Phenix City Housing Authority PO Box 338 Phenix City AL, 36868		Capital Fund Program Grant No: AL09P005501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant		Reserve for Disasters/Emergencies			
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	50,000			
3	1408 Management Improvements	142,000			
4	1410 Administration (may not exceed 10% of line 21)	25,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,817			
8	1440 Site Acquisition				
9	1450 Site Improvement	148,000			
10	1460 Dwelling Structures	480,100			
11	1465.1 Dwelling Equipment—Nonexpendable	24,400			
12	1470 Non-dwelling Structures	55,000			
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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval:	
PHA Name: Phenix City Housing Authority PO Box 338 Phenix City AL. 36368		Grant Type and Number Capital Fund Program Grant No: AL09P0050111 Replacement Housing Factor Grant No: Date of CFFP:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA	402,165	
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)	1,355,482	
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	105,000	
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures	150,000	
Signature of Executive Director		Signature of Public Housing Director	
Date		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 CFFP 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 II: Supporting Pages		Federal FFY of Grant: 2011						
PHA Name: Phenix City Housing Authority PO Box 338 Phenix City AL, 36868		Grant Type and Number Capital Fund Program Grant No: AL09P0055501-11 CFPP (Yes/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>	
AL005000001 RIVERVIEW COURT	HVAC	1460	32 units	176,000				
	Sub			176,000				
AL005000002 FREDERICK DOUGLASS	HVAC REPLACEMENT	1460	16	80,000				
	Site Improvement	1450	15%	80,000				
	Sub			160,000				
AL005000005 L.P. Stough	Replace Roofs	1460	21	144,900				
	Bathroom upgrade	1460	10	24,000				
	Sub			168,900				
AL005000006 H.L. Blake	Bathroom upgrade	1460	8	19,200				
	Site Improvement	1450	20%	30,000				
	Sub			49,200				
AL005000010 Whispering Pines	HVAC	1460	8	36,000				
	Site	1450	50%	38,000				
	Sub			74,000				
	Subtotal of Estimated Costs			628,100				



Part II: Supporting Pages				Federal FFY of Grant: 2011					
PHA Name: Phenix City Housing Authority PO Box 338 Phenix City AL, 36868		Grant Type and Number Capital Fund Program Grant No: AL09P005501-11 CFPP (Yes/No): Replacement Housing Factor Grant No:		Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities		General Description of Major Work Categories			Development Account No.	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	
HA WIDE		MANAGEMENT IMP	Drug Prevention - After School Program	1408					
			Protective Services	1408			35,000		
			Maintenance Training	1408			105,000		
			Sub				2,000		
							142,000		
HA WIDE			Administrative	1410			25,000		
HA WIDE			Operations	1406			50,000		
HA WIDE			A & E	1430			28,817		
HA WIDE			Replace Stoves, Refrigerators	1465	61		24,400		
FREDERICK DOUGLASS			Non-Dwelling Structures	1470			55,000		
HA WIDE			Cap Fund Debt Service	1501			402,165		
			TOTAL				1,355,482		

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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 III: Implementation Schedule for Capital Fund Financing Program				Federal FFY of Grant: 2011	
PHA Name: Phenix City Housing Authority PO Box 338 Phenix City AL, 36868					
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	
AL0050000001 RIVERVIEW	07/15/2013		07/15/2015		
AL0050000002 FRED DOUGLASS	07/15/2013		07/15/2015		
AL0050000005 L.P. STOUGH	07/15/2013		07/15/2015		
AL0050000006 H.L. BLAKE	07/15/2013		07/15/2015		
AL0050000010	07/15/2013		07/15/2015		

**Capital Fund Program—Five-Year Action Plan**

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

**Part I: Summary**

PHA Name/Number	Phenix City Housing AL005	Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
B. Physical Improvements Subtotal	Annual Statement	664,100	704,100	705,800	700,650	
C. Management Improvements		142,000	137,000	142,000	142,000	
D. PHA-Wide Non-dwelling Structures and Equipment		61,000	16,800	13,600	30,231	
E. Administration		25,000	25,000	25,000	25,000	
F. Other A & E		11,217	19,989	16,728	6,600	
G. Operations		50,000	50,000	50,000	50,000	
H. Demolition						
I. Development						
J. Capital Fund Financing – Debt Service		402,165	402,593	402,354	401,001	
K. Total CFP Funds		1,355,482	1,355,482	1,355,482	1,355,482	
L. Total Non-CFP Funds						
M. Grand Total		1,355,482	1,355,482	1,355,482	1,355,482	

Capital Fund Program—Five-Year Action Plan

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

**Part I: Summary (Continuation)**

PHA Name/Number A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Locality (City/county & State)		Original 5-Year Plan		Revision No:	
			Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015		
	AMP AL005000001 RIVERVIEW COURT	Annual Statement		185,500	210,000	241,500		
	AMP AL005000002 FREDERICK DOUGLASS		204,400	125,000	155,000	180,000		
	AMP AL005000005 L.P. STOUGH APTS		233,700	166,500	88,800	88,800		
	AMP AL005000006 H.L. BLAKE HOMES		136,000	54,600	24,000	33,600		
	AMP AL005000010 WHISPERING PINES		90,000	172,500	228,000	156,750		
	AGENCY WIDE NON- DWELLING/EQUIPMENT		61,000	16,800	13,600	30,231		
	MANAGEMENT		142,000	137,000	142,000	142,000		
	OPERATIONS		50,000	50,000	50,000	50,000		
	ADMINISTRATIVE		25,000	25,000	25,000	25,000		
	A & E		11,217	19,989	16,728	6,600		
	DEBT SERVICE		402,165	402,593	402,354	401,001		
	TOTAL CFP FUNDS		1,355,482	1,355,482	1,355,482	1,355,482		

**Capital Fund Program—Five-Year Action Plan**

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

Work Statement for Year 1 FFY 2010	Part II: Supporting Pages – Physical Needs Work Statement(s)			Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost			Development Number/Name General Description of Major Work Categories
See Annual Statement	AMP 001 Riverview			AMP 001 Riverview		
				Electrical Upgrade A & E	53	185,500 9,994
				AMP 001 sub total		195,494
	AMP 002 Frederick Douglass			AMP 002 Frederick Douglass		
	Replace Extl Doors	511	204,400	HVAC	25	125,000
				AMP002 sub total		125,000
	A & E		11,217			
	AMP 002 sub total		215,617	AMP 005 LP Stough Replace Roofs	13	89,700
	AMP 005 L.P. Stough Roofs	21	144,900	Site – replace sewer lns AMP 005 sub total		76,800 166,500
	Bathroom MOD	36	88,800			
	AMP 005 sub total		233,700			
				AMP 006 H.L. Blake Bath MOD	4	9,600
	AMP 006 H.L. Blake Replace gas w heaters	68	136,000	Windows/screens	100	45,000
				AMP 006 sub total		54,600
	AMP 010 Whispering Pines			AMP 010 Whispering Pines		
	HVAC	20	90,000	Upgrade electrical A & E	30	172,500 9,995
				AMP 010 sub total		182,495
	AMP 010 sub total		90,000			
	Subtotal of Estimated Cost		675,317	Subtotal of Estimated Cost		\$724,089

**Capital Fund Program—Five-Year Action Plan**

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

Part II: Supporting Pages – Physical Needs Work Statement(s)		Work Statement for Year 4 FFY 2014		Work Statement for Year 5 FFY 2015		
Work Statement for Year 1 FFY 2011	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	AMMP 001 Riverview Upgrade Electrical A & E AMMP 001 sub total	60	210,000 8,364 218,364	AMMP 001 Riverview Upgrade electrical A & E	60	241,500 3,600
	AMMP002 Frederick Douglass HVAC	31	155,000	AMMP 001 sub total AMMP 002 Frederick Douglass HVAC	36	180,000
	AMMP 002 sub total		155,000	AMMP 002 sub total		180,000
	AMMP 005 L.P. Stough Upgrade Bathrooms	36	88,800	AMMP 005 L.P. Stough Bathroom Upgrade	36	88,800
	AMMP 005 sub total		88,800	AMMP 005 sub total		88,800
	AMMP 006 H.L. Blake Bathrooms	10	24,000	AMMP 006 H.L. Blake Bath MOD	14	33,600
	AMMP 006 sub total		24,000	AMMP 006 sub total		33,600
	AMMP 010 Whispering Pines HVAC	20	90,000	AMMP 010 Whispering Pines HVAC	8	36,000
	Electrical upgrade A & E	24	138,000 8,364	Electrical Upgrade A & E	27	3,000
	AMMP 010 sub total		236,364	AMMP 010 sub total		120,750
	Subtotal of Estimated Cost		722,528	Subtotal of Estimated Cost		159,750
				Subtotal of Estimated Cost		707,250







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		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Phoenix City Housing Authority		Capital Fund Program Grant No: AL09R005501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2008	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost <sup>1</sup>	
Line	Summary by Development Account	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	0	16,672.00	16,672.00	16,672.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1483 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	16,762.00	0	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

<b>Part I: Summary</b>		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Phenix City Housing Authority	Grant Type and Number Capital Fund Program Grant No. AL09R005501-08 Replacement Housing Factor Grant No. Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated      Expended
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)	16,762.00	16,672.00
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		
Signature of Executive Director		Signature of Public Housing Director	
<i>[Signature]</i>		<i>[Signature]</i>	
Date		Date	
5-5-2011		5-5-2011	

<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		Federal FFY of Grant: 2008					
PHA Name: Phenix City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09R005501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Total Actual Cost		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AL 5-6	Replacement Housing Factor Funds		100%	16,762.00	16,762.00	16,762.00	16,762.00
Total				16,762.00	16,762.00	16,762.00	16,762.00

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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 III: Implementation Schedule for Capital Fund Financing Program				Federal FFY of Grant: 2008	
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	
AL 5-6	10/29/14	09/24/10	10/29/16	12/29/10	

<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.

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		Grant Type and Number	FFY of Grant: 2009
PHA Name: Phenix City Housing Authority		Capital Fund Program Grant No: AL09R005501-09	FFY of Grant Approval: 2009
		Replacement Housing Factor Grant No:	
		Date of CFFP:	
Type of Grant		<input type="checkbox"/> Revised Annual Statement (revision no:1 )	
<input type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		Total Estimated Cost	
Line	Summary by Development Account	Original	Obligated
		Revised <sup>2</sup>	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	0	118,608.00
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>	118,608.00	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		FFY of Grant: 2009	
PHA Name:	Grant Type and Number	FFY of Grant Approval: 2009	
Phenix City Housing Authority	Capital Fund Program Grant No: Replacement Housing Factor Grant No: AL09R005501-09 Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )
	<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		
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)	118,608.00	118,608.00
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		
Signature of Executive Director		Signature of Public Housing Director	
<i>Judy A. Hae</i>		<i>[Signature]</i>	
Date		Date	
5-5-2011			

<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>Federal FFY of Grant: 2009</b>				
<b>PHA Name: Phenix City Housing Authority</b>		<b>Grant Type and Number</b>				
<b>Capital Fund Program Grant No:</b>		<b>Original</b>		<b>Revised</b>		
<b>CFFP (Yes/ No):</b>		<b>118,608.00</b>		<b>118,608.00</b>		
<b>Replacement Housing Factor Grant No: AL09R005501-09</b>		<b>100%</b>		<b>118,608.00</b>		
<b>Development Number</b>	<b>General Description of Major Work</b>	<b>Development</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost</b>	<b>Status of Work</b>
<b>Name/PHA-Wide</b>	<b>Categories</b>	<b>Account No.</b>		<b>Original</b>	<b>Funds</b>	<b>Funds</b>
<b>Activities</b>				<b>Revised</b> <sup>1</sup>	<b>Obligated</b> <sup>2</sup>	<b>Expended</b> <sup>2</sup>
AL 5-6	Replacement Housing Factor Funds		100%	118,608.00	118,608.00	118,608.00
	Total			118,608.00	118,608.00	118,608.00

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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>		<b>Federal FFY of Grant: 2009</b>			
<b>PHA Name: Phenix City Housing Authority</b>					
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates<sup>1</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	
AL 5-6	10/29/14	09/24/10	10/29/16	03/29/11	

<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.

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		Grant Type and Number	FFY of Grant: 2010
PHA Name: Phoenix City Housing Authority		Capital Fund Program Grant No: AL09R005501-10	FFY of Grant Approval:
		Replacement Housing Factor Grant No:	
		Date of CFFP:	
Type of Grant		<input type="checkbox"/> Revised Annual Statement (revision no:2 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Obligated
		Revised <sup>2</sup>	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	0	2,988.00
10	1460 Dwelling Structures		1,230.55
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>	118,608.00	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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Phoenix City Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: AL09R005501-10 Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated      Expended
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)	118,608.00	2,988.00
21	Amount of line 20 Related to LBP Activities		1,230.55
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		
Signature of Executive Director: <i>[Signature]</i>		Signature of Public Housing Director	
Date: 5-5-2011		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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Phenix City 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	
AL 5-6	07/15/2012	09/24/0	07/15/2014		

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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**

PHA Name: **Phoenix City Housing Authority**

Grant Type and Number: **AL09P00550108** Replacement Housing Factor Grant No: **2**

Capital Fund Program Grant No: **AL09P00550108**

Date of CFFP: \_\_\_\_\_

FFY of Grant: **2009**

FFY of Grant Approval: **2009**

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2011	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFFP Funds		0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		75000.00	55000.00	0.00	0.00
3	1408 Management Improvements		142000.00	133754.00	133754.00	133754.00
4	1410 Administration (may not exceed 10% of line 21)		0	0	0	0
5	1411 Audit		0	0	0	0
6	1415 Liquidated Damages		0	0	0	0
7	1430 Fees and Costs		25000.00	42851.81	35226.78	30817.40
8	1440 Site Acquisition		0	0	0	0
9	1450 Site Improvement		39154.18	56691.97	26684.00	26684.00
10	1460 Dwelling Structures		492594.82	496576.40	496576.40	496576.40
11	1465.1 Dwelling Equipment—Nonexpendable		40000.00	40131.09	40131.09	40131.09
12	1470 Non-dwelling Structures		50000.00	38743.73	38743.73	38743.73
13	1475 Non-dwelling Equipment		0	0	0	0
14	1485 Demolition		0	0	0	0
15	1492 Moving to Work Demonstration		0	0	0	0
16	1495.1 Relocation Costs		0	0	0	0
17	1499 Development Activities <sup>4</sup>		0	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA		401393.00	401393.00	401393.00	311473.75
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)		0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)		1265142.00	1265142.00	1172509.00	1078180.37
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		115,450.01	115,450.01	115,450.01	115,450.01
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures		47,821.83	47,821.83	47,821.83	47,821.83

<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 CFFP 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  
 Expires 4/30/2011

<b>Part I: Summary</b>	
PHA Name: Phoenix City Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P005501Q8 Date of CFFP: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2011	FFY of Grant: 2009 FFY of Grant Approval: 2009
<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account	Total Estimated Cost
Signature of Executive Director <i>Judy Stone</i>	Original Date 6/24/11
	Revised <sup>2</sup> Date
	Signature of Public Housing Director
	Obligated
	Expended
	Total Actual Cost <sup>1</sup>



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  
 Expires 4/30/2011

Part II: Supporting Pages									
PHA Name: Phoenix City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P00550109 Replacement Housing Factor Grant No:			CFFP (Yes/No): 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>		
510	Operations	1406		75000.00	55000.00	0.00	0.00		
510	Drug Program	1408		26549.99	18303.99	18303.99	18303.99		
510	Security Patrol	1408		115450.01	115450.01	115450.01	115450.01		
510	Maint Training	1408		0.00	0.00	0.00	0.00		
510	A&E Services	1430		25000.00	42851.81	35226.78	30817.40		
510	WP Site Improvements	1450		0.00	6872.00	6872.00	6872.00		
510	RV Site Improvements	1450		0.00	8348.09	0.00	0.00		
510	FD Site Improvements	1450		10000.00	0.00	0.00	0.00		
510	IP Site Improvements	1450		29154.18	41471.88	19812.00	19812.00		
510	BL Site Improvements	1450		0.00	0.00	0.00	0.00		

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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  
 Expires 4/30/2011

Part II: Supporting Pages										
PHA Name: Phoenix City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P00550109			CFFP (Yes/No): 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>	
510		WP Renovations		1460		58500.00	58876.58	58876.58	58876.58	
510		RV Renovations		1460		412499.82	412499.82	412499.82	412499.82	
510		LP Renovations		1460		0.00	0.00	0.00	0.00	
510		BL Renovations		1460		21595.00	25200.00	25200.00	25200.00	
510		WP Appliances		1465.1		10993.00	11124.09	11124.09	11124.09	
510		RV Appliances		1465.1		19200.00	19200.00	19200.00	19200.00	
510		FD Appliances		1465.1		2514.00	2514.00	2514.00	2514.00	
510		LP Appliances		1465.1		4972.00	4972.00	4972.00	4972.00	
510		BL Appliances		1465.1		2321.00	2321.00	2321.00	2321.00	
510		Non Dwelling		1470		50000.00	38743.73	38743.73	38743.73	

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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  
 Expires 4/30/2011

Part II: Supporting Pages			Federal FFY of Grant: 2009			Status of Work	
PHA Name: Phoenix City Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P00550109 Replacement Housing Factor Grant No:	CFFP (Yes/ No): No	Total Estimated Cost			Total Actual Cost	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised <sup>1</sup>		Funds Obligated <sup>2</sup>
510	Bond Replacement	1501		401393.00	401393.00	401393.00	311473.75

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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  
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:		Phenix City 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	
510	9/14/2011		9/14/2013		

<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.

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		Grant Type and Number Capital Fund Program Grant No: AL09P0055011 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: Phoenix City Housing Authority		Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2011			
Summary by Development Account		Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>	
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	7500.00	51500.00	0.00	0.00
3	1408 Management Improvements	137000.00	151500.00	137000.00	85508.71
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	17689.00	27689.00	17689.00	12993.17
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	300000.00	326663.27	241453.00	164310.78
10	1460 Dwelling Structures	409600.00	386179.73	24908.00	23408.15
11	1465.1 Dwelling Equipment—Nonexpendable	14800.00	11557.00	11557.00	10549.00
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities <sup>4</sup>	0	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA	401393.00	401393.00	401393.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2 – 19)	1355482.00	1356482.00	834000.00	296769.81
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	100,000.00	109,500.00	100,000.00	69,957.69
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<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 CFF 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  
 Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Phoenix City Housing Authority		FFY of Grant Approval: 2010	
Grant Type and Number Capital Fund Program Grant No: AL09P005501H Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2011		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
Signature of Executive Director <i>Judy A. Stone</i>		Signature of Public Housing Director	
Date 6-24-11		Date	
		Obligated	Expended

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  
 Expires 4/30/2011

Part II: Supporting Pages										
PHA Name: Phoenix City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P00550110			CFFP (Yes/No): No		Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities		General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
						Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
511		Operations		1406		75000.00	51500.00	0.00	0.00	
511		RV Drug Program		1408		12540.98	14103.23	12669.98	7527.97	
511		FD Drug Program		1408		11147.55	12536.21	11262.20	6656.28	
511		LP Drug Program		1408		8196.72	9217.80	8281.03	4844.80	
511		WP Drug Program		1408		3114.75	3502.76	3146.79	1881.97	
511		RV Security Patrol		1408		34000.00	37230.00	34000.00	21405.59	
511		FD Security Patrol		1408		29000.00	31755.00	29000.00	18257.67	
511		LP Security Patrol		1408		22000.00	24090.00	22000.00	13850.74	
511		BL Security Patrol		1408		7000.00	7665.00	7000.00	4407.06	
511		WP Security Patrol		1408		8000.00	9760.00	8000.00	5036.63	

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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  
 Expires 4/30/2011

Part II: Supporting Pages										
PHA Name: Phoenix City Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P00550110			CFPP (Yes/ No): No		Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities		General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
						Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
511		Maint Training RV		1408		1000.00	820.00	820.00	820.00	
511		Maint Training FD		1408		0.00	0.00	0.00	0.00	
511		Maint Training LP		1408		0.00	0.00	0.00	0.00	
511		Maint Training BL		1408		0.00	0.00	0.00	0.00	
511		Maint Training WP		1408		1000.00	820.00	820.00	820.00	
511		A&E Services RV		1430		17689.00	27689.00	17689.00	12993.17	
511		RV Site Improvements		1450		300000.00	271331.48	241453.00	164310.78	
511		FD Site Improvements		1450		0.00	22815.54	0.00	0.00	
511		LP Site Improvements		1450		0.00	32516.25	0.00	0.00	
511		WP Renovations		1460		15500.00	15500.00	2000.00	1953.15	

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

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



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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  
 Expires 4/30/2011

Part II: Supporting Pages

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>	
511	RV Renovations	1460		187000.00	322610.00	15908.00	15855.00	
511	FD Renovations	1460		87400.00	0.00	0.00	0.00	
511	LP Renovations	1460		110700.00	0.00	0.00	0.00	
511	BL Renovations	1460		9000.00	48069.73	7000.00	5600.00	
511	WP Appliances	1465.1		5000.00	2996.00	2996.00	2744.00	
511	RV Appliances	1465.1		4000.00	3710.00	3710.00	3710.00	
511	FD Appliances	1465.1		2400.00	1988.00	1988.00	1988.00	
511	LP Appliances	1465.1		2400.00	1484.00	1484.00	1484.00	
511	BL Appliances	1465.1		1000.00	1379.00	1379.00	623.00	
511	CFP 511 - Bond Payment	1501		401393.00	401393.00	401393.00	0.00	

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, 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  
 Expires 4/30/2011

**Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name: Development Number Name/PHA-Wide Activities	Phenix City Housing Authority		Federal FFY of Grant: 2010	
	All Fund Obligated (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
511	7/15/2012	7/15/2012	7/15/2014	7/15/2014

<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.