

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Elizabethton Housing & Development Agency, Inc.</u> PHA Code: <u>TN076</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2011</u>												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>326</u> Number of HCV units: <u>215</u>												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The PHA's mission is to provide drug free, decent, safe and sanitary housing for families and to provide opportunities, promote self-sufficiency and economic independence for our residents.												
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. We will address resident survey concerns using the Capital Fund Program. We will better communicate our policies and lease through a lease orientation. We will expand our resident services at the new Community Partnership Center. We will encourage and assist residents in utilizing the computer lab for self-sufficiency purposes. The EHDA will continue to ensure fair and equal housing opportunities for all applicants.												
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures 2. Financial Resources (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. Administration office located at 910 Pine Ridge Circle, Elizabethton, Tennessee For a complete list of PHA Plan elements, see Section 6.0 of the instructions.												
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.												
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.												
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.												

8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Based on applicant interviews, supply and affordability are the most current needs.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Continue with community outreach, advertisement
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The EHDA continues to meet its mission and goals by providing decent, safe, affordable housing. Vacancies remain low and application intake continues to be more than adequate. Improved communication of the EHDA's policies will be implemented within the next year to help retain residents. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification": <ol style="list-style-type: none"> Changes to rent or admissions policies or organization of the waiting list, except for those changes made to conform to HUD regulatory requirements. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund Program. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office. <ol style="list-style-type: none"> Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) 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. Challenged Elements Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

(a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

(b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

(c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

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

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

8.3 Capital Fund Financing Program (CFFP).

Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

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

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

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

**2011 ANNUAL PLAN
ATTACHMENT F
RESIDENT ADVISORY BOARD (RAB) COMMENTS**

No comments were received.

**2011 ANNUAL PLAN
ATTACHMENT G
CHALLENGED ELEMENTS**

No part of the Elizabethton Housing and Development Agency, Inc., 2011 Annual Plan, Annual Statement or Five-Year Plan was challenged.

Attachment H **CAPITAL FUND PROGRAM TABLES**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$1,000.00		\$ 1,000.00	\$ 1,000.00
3	1408 Management Improvements Soft Costs	\$ 28,500.00		\$28,500.00	\$ 25,407.08
	Management Improvements Hard Costs				
4	1410 Administration	\$3,000.00		\$ 3,000.00	\$ 2,974.86
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 17,000.00	\$23,000.00	\$23,000.00	\$ 21,332.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$167,982.00	\$0.00		
10	1460 Dwelling Structures	\$292,933.00	\$454,915.00	\$454,915.00	\$440,687.51
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	\$510,415.00	\$510,415.00	\$510,415.00	\$491,401.45
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650108 Replacement Housing Factor Grant No:					Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA Wide	Operations		1406		\$ 1,000.00				
HA Wide	Resident Services Staff		1408	1	\$ 27,500.00				Ongoing
HA Wide	Law enforcement contract		1408		\$ 1,000.00				Ongoing
HA Wide	Clerk of Works		1410	1	\$ 3,000.00				Ongoing
HA Wide	A/E		1430	1	\$ 17,000.00				Ongoing
HA Wide	Install Fencing		1450		\$ 2,000.00				Deferred
HA Wide	Parking		1450		\$ 5,000.00				Deferred
HA Wide	Illumination		1450		\$ 160,982.00				Deferred
HA Wide	Security Screen Door Replacement		1460		\$ 50,000.00				Deferred
HA Wide	Bathroom Renovations		1460		\$ 50,000.00				Deferred
HA Wide	Vinyl Siding		1460		\$ 50,000.00				Ongoing
HA Wide	Correct building settlement/drainage		1450		\$ 1,000.00				Deferred
HA Wide	Kitchen renovations		1460		\$ 50,000.00				Deferred
HA Wide	Baseboard Heater replacement		1460		\$ 60,000.00				Ongoing
HA Wide	Termite Treatment		1460		\$ 31,933.00				Deferred

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

[illegible]

Attachment I CAPITAL FUND PROGRAM TABLES

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: one)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$1,000.00			
3	1408 Management Improvements Soft Costs	\$ 28,500.00			
	Management Improvements Hard Costs				
4	1410 Administration	\$3,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$230,000.00			
10	1460 Dwelling Structures	\$227,390.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: one)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	\$509,890.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37P07650109 Replacement Housing Factor Grant No:					Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA Wide	Operations		1406		\$ 1,000.00				
HA Wide	Resident Services Staff		1408	1	\$ 27,500.00				
HA Wide	Law enforcement contract		1408		\$ 1,000.00				
HA Wide	Clerk of Works		1410	1	\$ 3,000.00				
HA Wide	A/E		1430	1	\$ 20,000.00				
HA Wide	Enclose and replace dumpsters		1450		\$ 2,000.00				
HA Wide	Termite Treatment		1450		\$ 78,000.00				
HA Wide	Landscaping		1450		\$ 75,000.00				
HA Wide	Parking lot repair/replacement		1450		\$ 75,000.00				
76-2	Vinyl Siding replacement		1460		\$100,000.00				
HA Wide	Replace exterior doors/locks		1460		\$127,390.00				

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

[illegible]

Attachment J CAPITAL FUND PROGRAM TABLES

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Elizabethton Housing and Development Agency, Inc.		Grant Type and Number Capital Fund Program Grant No: TN37S07650109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$ 2,250.00	\$ 5,660.00	\$ 5,660.00	\$ 5,660.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 35,500.00	\$ 39,920.00	\$39,920.00	\$ 32,210.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$608,334.00	\$600,504.00	\$600,504.00	\$565,347.92
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Elizabethton Housing and Development Agency, Inc.	Grant Type and Number Capital Fund Program Grant No: TN37S07650109 Replacement Housing Factor Grant No:	Federal FY of Grant: 2009
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☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:
☒ Performance and Evaluation Report for Period Ending: 6/30/10 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	\$646,084.00	\$646,084.00	\$646,084.00	\$603,217.92
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

[illegible]

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

[illegible]

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: ELIZABETHTON HOUSING AND DEVELOPMENT AGENCY, INC. - ATTACHMENT K		Grant Type and Number Capital Fund Program Grant No: TN37P07650110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	1000.00			
3	1408 Management Improvements	53500.00			
4	1410 Administration (may not exceed 10% of line 21)	3000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	4000.00			
10	1460 Dwelling Structures	368915.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	10000.00			
13	1475 Non-dwelling Equipment	45000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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: ELIZABETHTON HOUSING AND DEVELOPMENT AGENCY, INC.		Grant Type and Number Capital Fund Program Grant No: TN37P07650110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	510415.00			
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	10000.00			
Signature of Executive Director		Date 9/28/10		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: ELIZABETHTON HOUSING AND DEVELOPMENT AGENCY, INC.		Grant Type and Number Capital Fund Program Grant No: TN37P07650110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	OPERATIONS	1406		1000.00				
HA WIDE	RESIDENT SERVICES STAFF	1408	1	27500.00				
HA WIDE	LAW ENFORCEMENT CONTRACT	1408		1000.00				
HA WIDE	COMPUTER UPGRADE	1408	1	25000.00				
HA WIDE	CLERK OF WORKS	1410		3000.00				
HA WIDE	A/E	1430		25000.00				
HA WIDE	REPLACE COMMUNITY SIGN	1450		4000.00				
HA WIDE	EXTERIOR DOORS AND LOCKS	1460	604	93000.00				
HA WIDE	VINYL SIDING REPLACEMENT	1460		50000.00				
HA WIDE	ROOF REPLACEMENT	1460		225915.00				
HA WIDE	ELECTRICAL UPGRADE	1470		10000.00				
HA WIDE	LAWNMOWER	1475		45000.00				

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

² To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report.

¹ 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.

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ATTACHMENT TO THE 2011 ANNUAL PLAN FOR THE PUBLIC HOUSING
DEPARTMENT

SECTION II
ELIGIBILITY REQUIREMENTS

1. To be eligible for admission, an applicant must be income eligible and:
 - a. At least eighteen (18) years of age or emancipated.
 - b. Able to make a contractual agreement.
 - c. Qualify as a family.
 - d. Be a U.S. Citizen or national of the United States; or,
(ii) be a noncitizen who has eligible immigration status.
 - e. Pass non-economic eligibility factors.
 - f. Be capable of living independently.
 - g. **Must provide complete and accurate social security number verification on each member of the household, prior to admission.**
2. No family other than a Lower Income family shall be eligible for admission to the Public Housing Program of the Elizabethton Housing Agency. The applicant must provide adequate evidence that annual income for the twelve month period following occupancy is not anticipated to exceed the Income Limits for Admission for a Lower Income family (see Appendix A).
3. Housing assistance may not be provided to noncitizens of the United States. Individuals that are eligible are:
 - a. A U.S. Citizen or national.
 - b. Noncitizens who have eligible immigration status are eligible for financial assistance for housing assistance. The applicant and all of the applicant's family members must have eligible immigration status in one of the following categories:
 - (i) A noncitizen lawfully admitted for permanent residency, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15),

respectively)(immigrants). (This category includes a noncitizen admitted under section 210 or 210A or the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status).

- (ii) noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residency as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).
- (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1158) (asylum status); or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity.
- (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(D)(5)) (parole status).
- (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h) (threat to life or freedom).
- (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) (amnesty granted under INA 245a).

4. Prior to admission and to determine eligibility, the EHDA must obtain previous housing references, criminal background record checks and query the Enterprise Income Verification System.
The following factors are applied:

- a. Whether the conduct of the applicant in present or prior housing has been such that admission to the program would adversely affect the health, safety, or welfare of other residents, or the physical environment, or the financial stability of the community. A record of any of the

following may be sufficient cause for the Elizabethton Housing Agency to deny eligibility:

- (i) An applicant's past performance in meeting financial obligations, especially rent.
 - (ii) A record of disturbances.
 - (iii) A record of destruction of property.
 - (iv) A record of poor living or housekeeping habits.
 - (v) A history of criminal activity involving crimes of violence to persons or property or a record of other criminal acts which would adversely affect the health, safety or peaceful enjoyment of the premises.
 - (vi) A record of eviction from a Public Housing, Indian Housing, Section 23 or any Section 8 Program because of drug-related criminal activity up to three (3) years from the date of such eviction.
 - (vii) A record of illegally using drugs and/or a pattern of illegal use of drugs, which may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
 - (viii) A record of alcohol abuse, which may interfere with the health, safety, or right to peaceful enjoyment of the premises.
 - (ix) A record of the individual being subject to lifetime registration requirement under a State sex offender registration program.
 - (x) Any person convicted of manufacturing or producing methamphetamine, (commonly referred to as "speed") on the premises of an assisted housing program, including common areas and grounds.
 - (xi) **A positive result from the Enterprise Income Verification System.**
5. The applicant must be capable of living independently. In determining eligibility for admission, the EHDA shall rely upon sources of information which may include, but not be limited to: EHDA records, personal interviews with the applicant or resident, home visits, interviews with previous landlords, employers, family social workers, parole officers, criminal and court records, clinics, physicians or the local law enforcement offices.

This will be done in order to determine whether the individual attributes, prior conduct, and behavior of a particular applicant or resident is likely to interfere with other residents in such a manner as to diminish their enjoyment of the premises by affecting adversely their

health, safety or welfare or by adversely affecting the physical environment or the financial stability of the EHDA's low-income housing program.

6. The EHDA must evaluate each applicant to determine whether the applicant would reasonably be expected to have a detrimental affect on the other residents or on the project environment. Each applicant determined to be eligible shall be promptly notified by the EHDA in writing of such determination.
7. Each applicant determined to be ineligible shall be promptly notified by the EHDA in writing of such determination with the reason(s) therefore and of his/her right to, within a reasonable time, request a meeting to dispute the denial.

In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature and extent of the applicant's conduct and to factors which might indicate a reasonable probability of favorable future conduct or financial prospects. For the purpose of criminal activity or drug-related activity, the EHDA may consider whether such household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program, or has otherwise been rehabilitated successfully. Evidence of the household member's current participation in, or successful completion of, a supervised drug or alcohol rehabilitation program or evidence of otherwise having been rehabilitated successfully or documentation that circumstances which lead to a previous eviction no longer exist.

Should the head of the household or a member of the family be a victim of domestic violence, dating violence and/or stalking, housing assistance cannot be denied if the applicant is eligible otherwise. Verification is required as to the victim's status.

8. For the purpose of increasing security, the EHDA may allow a police officer, who would not otherwise be eligible for public housing, to reside in a unit. The police officer must be employed on a full-time basis as a duly licensed professional police officer by a Federal, State or local government or by any agency of these governments.
9. Prior to the execution of any lease between the EHDA

and the applicant, the EHDA will certify in writing that the family meets all conditions governing eligibility.

**SECTION IV
TENANT SELECTION AND ASSIGNMENT PLAN**

1. The EHDA will not on account of race, sex, color, creed, national origin, handicap **or familial status** deny to any family the opportunity to apply for admission or deny or hinder any eligible applicant the opportunity to make application, lease or rent a dwelling unit suitable to its needs in any project.
2. Eligible applicants will be selected as follows:
 - a. **Date and time of application for admission for the appropriate bedroom size.**
 - b. Each fiscal year, at least forty percent (40%) of families admitted must have incomes that do not exceed thirty percent (30%) of area median.
 - c. **Law enforcement officers may be permitted admission to EHDA units.**
3. To assure that units are offered in an appropriate sequence, a filing system shall be established to subdivide all applications recording to the above selection plan.
4. Applicants who are placed in the "pending" file, will not be placed as active status on the waiting list until proper documentation required to determine eligibility has been provided to the EHDA. The applicant will be placed on the waiting list as active status according to the date and time of the application when the required documentation is received in the EHDA Office and the application has been approved.
5. A written record will be maintained on the application as to vacancies offered, including location, date and circumstances of each offer and each rejection or acceptance.
6. The applicant at the appropriate time will be offered a vacant unit of suitable size. If the applicant refuses the

offer, the applicant will not be offered a unit until that time that all other applicants on the same waiting list have been offered a unit and/or housed. In essence, if an apartment offer is rejected, that applicant will then go to the bottom of that particular waiting list.

7. The applicant will not be removed and placed at the bottom of the waiting list as stated above, in circumstances where the applicant can show that accepting the unit offered would create undue hardship on the household (such as no transportation, lack of funds, or a physical handicap), and for reasons other than race, sex, color, creed, national origin or **familial status**. However, the EHDA may have the right to withdraw the application after notifying the applicant that the EHDA intends to do so if the applicant does not respond.
8. When a handicap accessible unit becomes vacant, the EHDA will first offer to a current occupant of another unit having handicaps requiring the accessibility features of the vacant unit and occupying a unit not having such features, or; if no such occupant exists, then the EHDA will offer the unit to an eligible qualified applicant on the waiting list having a handicap requiring the accessibility features of the vacant unit.

If neither exists, the EHDA may place an eligible family having no handicap and not requiring the accessibility features of the unit in the same manner as written above. The non handicap individual will be required to execute a lease addendum stating that if a handicapped individual requires the unit, they will willingly transfer to another unit of suitable size and the vacated unit will be offered as aforementioned.

APPENDIX J

DECONCENTRATION POLICY

The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the Elizabethton Housing and Development Agency, Inc. (EHDA) is to house no less than forty percent (40%) of its public housing inventory with families that have income at or below thirty percent (30%) of the area median income by public housing development. Also the EHDA will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the housing authority does not concentrate families with higher income levels, it is the goal of the EHDA not to house more than sixty percent (60%) of its units in any one development with families whose income exceeds thirty percent (30%) of the area median income. The EHDA will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the EHDA's computer system.

To accomplish the deconcentration goals, the EHDA will take the following actions:

1. At the beginning of each fiscal year, the EHDA will establish a goal for housing forty percent (40%) of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking forty percent (40%) of the total number of move-ins from the previous fiscal year.
2. Not housing families with incomes that exceed thirty percent (30%) of the area median income in developments that have sixty percent (60%) or more of the total household living in the development with incomes that exceed thirty percent (30%) of the area median income, the EHDA's Tenant Selection and Assignment Plan, which is a part of this policy, provides for skipping families on the waiting list to accomplish these goals.

SECTION VI

WAITING LIST

1. One waiting list will be maintained for all low rent projects. The waiting list will consist of apparently eligible applicants, based on type and size of unit required; and date and time the application for admission was received.
2. At least forty percent (40%) of families admitted to public housing by the EHDA must have an income that does not exceed thirty percent (30%) of area median (extremely low-income families). Fungibility provisions allow the EHDA to admit less than forty percent (40%) of families with incomes below thirty percent (30%) of median in a fiscal year, to the extent the EHDA has provided more than seventy-five percent (75%) of newly available certificates to very poor families.
3. Contact will be made semiannually with pending and eligible persons on the waiting list to keep a current list of persons actually remaining interested in and eligible for housing.
4. For the purpose of those apparently eligible applicants who require handicap accessible units, it should be stated that those applicants who are handicapped are found listed under the handicapped/disabled (H/D) category. For the purpose of placing those apparently eligible applicants who require handicap accessible units, the application should indicate if the applicant requires such a unit on the designated area of the application. Subsequently, there should also be an indication of the fact on the waiting list.

ATTACHMENT TO THE 2011 ANNUAL PLAN FOR THE SECTION 8 DEPARTMENT

THE APPLICATION PROCESS AND SELECTION AND ADMISSION OF APPLICANTS FROM THE WAITING LIST

Applications will be taken by the Housing Specialist and/or Section 8 Coordinator each Thursday between 7:30 am - 10:30 am and 1:00 pm – 2:30 pm or by special arrangement if necessary. When an elderly or disabled person has contacted the office of their desire to apply or to know something about the programs and cannot come to the office, the Section 8 Coordinator or Housing Specialist will go to the person's home and discuss the program and/or take their application. All applications will be date/time stamped at the time of application to determine their place on the waiting list. Name, family composition, relationship to the family head, date of birth, social security number, sex, race and income will be verified by the applicant at the time of application. Only those currently residing with the family will be identified on the application.

The outreach program is designed to attract from all segments of the eligible population. Although the process will be open to adjustments as needed, initially, first come first served basis will be observed.

All applications are maintained on two (2) waiting lists. One is for Housing Choice Voucher and the other is for Housing Choice Voucher and Mod-Rehab programs. Vacancies are filled in the following manner:

1. When a vacancy for Mod-Rehab occurs (which is a specific bedroom size according to which unit is vacant), the first applicant according to date, time and bedroom size is offered the apartment. The Housing Specialist or Coordinator will notify the eligible applicants by letter. The applicants will have seven (7) days from the date of the letter to respond to the offer. If they fail to do so the application is withdrawn from the waiting list. When they contact our office the Housing Specialist or Coordinator will notify them which unit is available and give them 24 hours to look at the unit and contact us back to determine if they are interested. If they are interested in the unit, the owner has to approve them and the applicant will need to come up with all of the deposits (security deposit and electric & water deposits) and supply the HA with all verifications necessary to complete the lease-up process. We will not lease anyone in a unit until all utilities are on and in the HOH's name and they give verification to the office. If they are not interested in the unit they still need to contact our office within the 24 hours given to notify the HA of their decision and they will remain on the waiting list at the same date & time applied. If they are interested in the unit and the owner does not approve them, the owner must provide the PHA with documentation as to why they denied them. If at anytime they fail to respond with the time limit given the application is withdrawn and they must reapply to get back on the waiting list.
2. When filling a vacancy for the Housing Choice Voucher program the families must be

selected without regard to the unit size they are eligible for. The first applicant at the top of the waiting list is offered to. The Housing Specialist or Coordinator will contact the eligible applicants by letter, and will have seven (7) days from the date of the letter to contact our office if they are interested. When contacting the HA the applicant will be asked to come to a voucher briefing to discuss the program. If at any time the applicants fail to contact our office the applicant will be withdrawn from the waiting list. However if there are not sufficient funds to subsidize the family unit size at the top of the waiting list, the family may NOT be skipped in order to admit an applicant family with a smaller family size unit. The first applicant family will be offered to whenever sufficient funds are available.

Note: Applicants that owe a HA or any other federally subsidized program any money will not be leased in a unit until this is paid in full. If an applicant is leased in a unit and then it is brought to our attention about owing money, they will have six (6) months from that time to pay the amount in full. If it is not paid in full by the date given, PHA will give a thirty (30) day notice to terminate the HAP Contract for non-compliance.

ELIGIBILITY REQUIREMENTS

To be eligible for admission, an applicant must be:

- A. Income eligible,
- B. At least eighteen (18) years of age or emancipated.
- C. U. S. Citizen, or Non-Citizens who have eligible immigration status in one of the following categories:
 - Lawfully admitted for permanent residence as an immigrant, including Special agricultural workers;
 - Entered the U.S. before January 1, 1972 and has maintained continuous residence thereafter, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General;
 - Lawfully present in the U.S. Pursuant to the granting of asylum (refugee status);
 - Lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest (parole status);
 - Lawfully present in the U.S. as a result of the Attorney General's Deportation (threat to life or freedom);
 - Lawfully admitted for temporary or permanent residency (amnesty granted under Immigration and Naturalization Act Section 245A).
- D. Qualify as a family which consists of:
 - Two or more persons sharing residency and who are related by blood, marriage, and/or adoption, or
 - A single person who lives alone or intends to live alone and who does not

- qualify as an elderly family of a disabled person, or
- An elderly person who is at least sixty two (62) years of age, or
- The remaining member of a resident family.
- **Must provide complete and accurate Social Security card verification on each member of the household, prior to admission.**

SCREENING OF APPLICANTS FOR ADMISSION

Prior to admission and to determine eligibility, the EHDA must obtain Criminal background record checks **and query the (EIV) Enterprise income Verification System.** A record of any of the following may be sufficient cause for the EHDA to deny eligibility:

1. A history of criminal activity involving crimes of violence to persons or property or a record of other criminal acts which would adversely affect the health, safety or peaceful enjoyment of the premises.
2. A record of eviction from a Public Housing, Indian Housing, Section 23 or any Section 8 Program because of drug-related criminal activity up to three (3) years from the date of such eviction.
3. A record of illegally using drugs and/or a pattern of illegal use of drugs which may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
4. A record of the individual being subject to lifetime registration requirement under a State sex offender registration program.
5. Any person convicted of manufacturing or producing methamphetamine, (commonly referred to as “speed”) on the premises of an assisted housing program, including common areas and grounds.
6. **A record of Alcohol abuse, which may interfere with the health, safety, or right to peaceful enjoyment of the premises.**
7. **A positive result from the (EIV) Enterprise Income Verification System.**

<p>Note: Should the head of household or member of a family be a victim of domestic violence, housing assistance cannot be denied if otherwise eligible.</p>

DENY ADMITTANCE

The EHDA has the right to deny admittance to the Section 8 Program for the following reasons:

- 1 The applicant owes money to another housing agency for any reason (damages, unpaid rent, etc.) This must be paid in full and verification brought to the office before they can be housed or transferred.
- 2 If the applicant is over the income limit.

- 3 If any member of the family has ever been arrested for drug-related criminal activity during the past three years.
- 4 If their assistance has ever been terminated for any family member, if the family breaches an agreement for amounts owed (promissory note), or
- 5 If the family has engaged in or threatened abusive behavior toward EHDA personnel, or
- 6 Sex offender, or
- 7 Manufacturing or producing methamphetamine, or
- 8 No verification of eligible immigration status.
- 9 **A record of Alcohol abuse, which may interfere with the health, safety, or right to peaceful enjoyment of the premises.**
- 10 **A positive result from the (EIV) Enterprise Income Verification System.**
- 11 **Cannot provide complete and accurate Social Security card on each family member of the household.**
- 12 **Portability – Applicant and or participants – See Portability procedures.**

NOTE: However, if the EHDA determines that the family member convicted of drug-related criminal activity has successfully completed a rehabilitation program or it can be determined that the person clearly did not participate in or know about the drug-related criminal activity their application will be put on the waiting list.

Applicants who have committed fraud in any Federal housing program or violated family obligations under the Section 8 program may be denied assistance, based on credible evidence or preponderance of evidence.

Credible evidence is defined as evidence provided by police and court system, such as drug raids, drugs found in the dwelling unit, evidence which is tied to the activity, arrest warrant issued and testimony from neighbors linked to the preceding forms of evidence.

Preponderance of evidence is defined as evidence which is greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.

NOTE: Each applicant determined to be ineligible shall be promptly notified by the EHDA in writing of such determination with the reason(s) therefore and of his/her right to, within a reasonable time, request a meeting to dispute the denial.

ACCEPTABLE FORMS OF REHABILITATION

Acceptable forms of verification include documentation from a penal institution, probation office or an alcohol/drug treatment center. The verification must document completion of time served and/or probation; fines are paid in full; or the successful completion of court ordered programs, such as but not limited to classes for parenting skills, anger management, domestic violence, alcohol abuse and drug abuse.

ADMISSION PREFERENCE

Federal Preferences are no longer recognized. We currently do not have any Local Preferences in our policy. Therefore, all vacancies will be filled from the waiting lists according to date and time of application as funding and vacancies are available.

Violence Against Women Act Attachment

GOALS

To provide literature and education to individuals making them aware of services available to them, whether it be housing, counseling or legal avenues and offer assistance with referrals to victims of domestic violence, dating violence, stalking or sexual assault.

OBJECTIVE

To reduce the number of victims of domestic violence, dating violence, stalking or sexual assault by providing education and heightening awareness.

ACTIVITIES

- ❖ Post literature in the Administration Office.
- ❖ Post referral information on employee business cards given at the time of application of admission.
- ❖ Assist applicant or resident with contacting shelter providers or other victim services.
- ❖ Continue to enforce confidentiality of the applicant/resident records.
- ❖ Inform residents of their rights as outlined in the Dwelling Lease.
- ❖ Providing literature for obtaining an order of protection.
- ❖ Provide information to the monthly newsletter.
- ❖ Provide educational literature to prevent a person from becoming a victim.
- ❖ Provide education booths at Summer Picnic, National Night Out and at Neighborhood Watch meetings.
- ❖ Provide cellular telephones to potential victims.

PROGRAM REFERRALS

For children – call the TN Hotline for Child Abuse 1-877-542-2873

For adults refer to the below and/or call TN Adult Protective Services 1-888-277-8366

1. Safe Places for shelter
 - a. CHIPS (Change is possible) (423)743-0022
 - b. Shepherd's Inn (423) 542-0190
 - c. Safe Haven 1-888-522-5244
 - d. Interfaith Hospitality
 - e. Haven of Mercy
 - f. Salvation Army
2. Medical Care
 - a. call 9-1-1
 - b. Sycamore Shoals Hospital
 - c. Johnson City Medical Center Hospital
 - d. Safe Haven 1-888-522-5244
3. Counseling
 - a. Nami (National Alliance on Mental Illness) 1-800-467-3589
 - b. CHIPS (Change is possible) (423)743-0022
 - c. Safe Haven 1-888-522-5244
 - d. Abortion Alternatives & Women's Center (423) 543-4673
 - d. Crisis Response (Frontier Health) 1-877-928-9062
4. Legal Advocate
 - a. CHIPS (Change is possible) (423)743-0022
 - b. Safe Haven 1-888-522-5244

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
QML No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No. TN37607650 11 Replacement Housing Factor Grant No. Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision not Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ⁴	1,000.00	
3	1408 Management Improvements	28,500.00	
4	1410 Administration (may not exceed 10% of line 21)	5,000.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	20,000.00	
8	1460 Site Acquisition		
9	1461 Site Improvement	356,390.00	
10	1461 Dwelling Structures	100,000.00	
11	1463 Dwelling Equipment—Nonseparable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	1,000.00	
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1496.1 Relocation Costs		
17	1499 Development Activities ⁴		
Total Actual Cost ¹			Expended

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report and a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations
⁴ CFFP 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: 2011	
PIHA Name: ELIZABETH HOUSING AND DEVELOPMENT AGENCY, INC.		FFY of Grant Approval: 	
Grant Type and Number: Capital Fund Program Grant No.: JN3707650111 Replacement Housing Factor Grant No.: Date of CHFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
18a	1500 Collocation or Debt Service paid by the PIHA		
18aa	6000 Collocation or Debt Service paid Via System of Direct Payment		
19	502 Contingency (may not exceed 8% of line 20)		
20	Amount of Actual Costs (sum of lines 18 - 19)	509,890.00	
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	101,000.00	
Signature of Executive Director <i>[Signature]</i>		Signature of Public Housing Director	
Date 9/28/2010		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PIHAs with under 2500 units in management may use 100% of CHFP Grants for operations.

⁴ RLE funds shall be included here.

Part I: Summary						
PHA Name/Number Elizabethton Housing & Development Agency, Inc.			Locality (City/County & State) Elizabethton/Carter County/Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	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	\$457,390.00	\$440,390.00	\$150,000.00	\$457,390.00
C.	Management Improvements		\$28,500.00	\$28,500.00	\$28,500.00	\$28,500.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0.00	\$17,000.00	\$307,390.00	\$0.00
E.	Administration		\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
F.	Other		\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00
G.	Operations		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$509,890.00	\$509,890.00	\$509,890.00	\$509,890.00
L.	Total Non-CFP Funds					
M.	Grand Total		\$509,890.00	\$509,890.00	\$509,890.00	\$509,890.00

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

Work Statement for Year 1 FFY 2011	Work Statement for Year Two FFY 2012			Work Statement for Year: Three FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	HA WIDE OPERATIONS		\$1,000.00	HA WIDE OPERATIONS		\$1,000.00
Annual	HA WIDE RESIDENT SERVICES MANAGER		\$27,500.00	HA WIDE RESIDENT SERVICES MANAGER	1	\$27,500.00
Statement	HA WIDE LAW ENFORCEMENT CONTRACT (DRUG/ALCOHOL PROGRAM)	1	\$1,000.00	HA WIDE LAW ENFORCEMENT CONTRACT (DRUG/ALCOHOL PROGRAM)	1	\$1,000.00
	HA WIDE CLERK OF WORKS		\$3,000.00	HA WIDE CLERK OF WORKS		\$3,000.00
	HA WIDE A/E		\$20,000.00	HA WIDE A/E		\$20,000.00
	HA WIDE HVAC		\$252,000.00	HA WIDE PARKING LOT REPAIR/REPLACEMENT		\$20,000.00
	HA WIDE RANGE REPLACEMENT		\$55,390.00	HA WIDE WATER HEATER W/JACKETS REPLACEMENT		\$100,000.00
	HA WIDE REFRIGERATOR REPLACEMENT		\$110,000.00	HA WIDE ELECTRICAL UPGRADE		\$183,000.00
	HA WIDE HA ACCESSIBLE UNIT		\$10,000.00	HA WIDE FLOOR & VINYL COMPOSITE TILE REPLACEMENT		\$137,390.00
	HA WIDE FENCING		\$30,000.00	HA WIDE VEHICLE REPLACEMENT		\$17,000.00
	Subtotal of Estimated Cost		\$509,890.00	Subtotal of Estimated Cost		\$ 509,890.00

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

[illegible]