

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: Anderson Housing Authority PHA Code: SC037 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): 01/2012					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 279 Number of HCV units: 500					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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	
					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:					
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.					

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ul style="list-style-type: none"> • Operation and Management. Jeff Trahan has been the Executive Director since April 2010. • Asset Management – Presently operating at One Amp with a Central Office Cost Center. <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA plan elements, see Section 6.0 of the instructions.</p> <p style="text-align: center;">1335 E River Street Anderson, SC 29624</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-Based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>The forty-one units that comprise Kennedy Place are rented under Project-Based Vouchers. The Housing Authority is not presently looking for units to put under Project-Based Vouchers.</p> <p>The Section 8 Housing Choice Voucher Program provides rental assistance to clients who rent on the private market. The Section 8 Homeownership Program allows those clients who qualify to use their voucher payment to assist in making a mortgage payment. The variables that determine the amount the housing authority and the tenant will each pay are the tenant's income, the amount of the payment standard as determined by the housing authority, the utility allowance, the mortgage payment (PITI), allowed deductions for medical and childcare, and the allowances for dependents. We have two certified housing counselors to assist potential buyers. The Housing Counselor assists the potential buyer through the homeownership process, which includes homebuyer education classes, both before and after</p>

	<p>the home is purchased. Listed below is a brief summary of the steps to homeownership.</p> <p>Steps to Homeownership</p> <p>*1) Housing Authority process of prequalification.</p> <ul style="list-style-type: none"> Provide income Obtain Credit Report Figure HAP amount base in UA/PS <p>*2) Complete Application at bank or mortgage company.</p> <p>Tenant chooses a bank or mortgage company that is willing to participate in HCV Homeownership Program. Housing Counselor will communicate with the bank or mortgage company specifies of Section 8 Program and the amount of mortgage loan for which the client is qualified.</p> <p>*3) Home Buyers Class</p> <p>*4) Sign Sale of Contract</p> <p>*5) Housing Authority Inspector inspects property for HQS violations</p> <ul style="list-style-type: none"> 6) Private Inspector 7) Appraiser (Bank) 8) Approval from bank 9) Select an Attorney <p>*10) Closing Procedure.</p> <p>***means involvement with Anderson Housing Authority Housing Counselor</p> <p>7.d Number of homeownership vouchers at present: 6</p> <ul style="list-style-type: none"> . d Home Ownership Housing Counselors: 2 (Barbara Hunter Geer & Shawanda Robinson) . d Present outstanding applications: 0
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</i>

	<i>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> , for 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	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and locations.</p>
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The U.S. Department of Housing and Urban Development (HUD) has received from the U.S. Census Bureau a special tabulation of Census 2000 data that are largely not available through standard Census products. These "special tabulation" data are used by local governments for housing planning as part of the Consolidated Planning process. HUD also uses some of these data in allocation formulas for distributing funds to local jurisdictions.

HUD released similar data after the 1990 Census and made most those data available to grantees and the general public. Those data are typically referred to as the "CHAS Data". The CHAS data are different from the standard Census 2000 data files. They are mostly comprised of a variety of housing need variables split by HUD defined income limits (30, 50, and 80 percent of median income) and HUD specified household types.

The following tables contain CHAS data for Anderson's housing stock.

SOCDS CHAS Data: Affordability Mismatch Output for All Households

Name of Jurisdiction: Anderson city, South Carolina		Source of Data: CHAS Data Book		Data Current as of: 2000					
	Renters Units by # of bedrooms				Owned or for sale units by # of bedrooms				
Housing Units by Affordability	0-1	2	3+	Total		0-1	2	3+	Total
	(A)	(B)	(C)	(D)		(E)	(F)	(G)	(H)
1. Rent <=30%					Value <=30%				
# occupied units	454	510	340	1,304		N/A	N/A	N/A	N/A
% occupants <=30%	74.9	52.9	39.7	57.1		N/A	N/A	N/A	N/A
% built before 1970	40.7	76.5	54.4	58.3		N/A	N/A	N/A	N/A
% some problem	39.6	24.5	25.0	29.9		N/A	N/A	N/A	N/A
# vacant for rent	70	185	35	290	# vacant for sale	N/A	N/A	N/A	N/A
2. Rent >30% to <=50%					Value <=50%				
# occupied units	495	1,070	285	1,850		87	895	990	1,972
% occupants <=50%	67.7	49.1	35.1	51.9		33.3	50.8	33.8	41.5

<p>9.1</p>	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>In order to address local needs, local preferences have been implemented and are as follows:</p> <p><u>Local Preferences for Section 8</u></p> <ul style="list-style-type: none"> • Head of Households that are determined to be living in substandard housing in the City of Anderson, after a physical inspection of the unit by the City building department. The HA reserves the right of final inspection of the unit and determination of family need. • Head of Households that are without housing due to fire will be considered if they are in possession of a fire report that is not more than 60 days old provided there are no available PH units. • Families that are displaced as the result of an action by the City of Anderson’s Community Development Department, or displaced by a natural disaster. • Persons who are participants in the AIM Women and Children Succeeding program and they agree to participate in the FSS Program when there are vacancies in the program. • Participants in the Anderson School District 5 McKinney-Vento Homeless Education Program or other similar District 5 programs. • Section 8 Housing Management will verify if household need is sufficient and review regular waiting list for preferences as well. Section 8 Management also reserves the right to offer PH units in lieu of Vouchers. • Public Housing Management will verify if household need is sufficient and may review regular waiting list for preferences as well and offer PH units if available.
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	<p><u>Local Preferences for Public Housing</u></p> <ul style="list-style-type: none">• Head of Households that are determined to be living in substandard housing in the City of Anderson or Anderson County, after a physical inspection of the unit by the building department. Letters may be submitted by other agencies with personal knowledge of a family's living conditions. AHA reserves the right of final inspection of the unit and determination of family need.• Head of Households that are without housing and living in a shelter (Sunshine House, Red Cross, Haven of Rest, Salvation Army, Safe Harbor, Family Promise, Upstate Homeless Coalition, or other bona fide shelters) or disabled, homeless head of households that are not living in a shelter due to lack of handicapped accessibility as certified by a local agency that has personal knowledge of their living conditions. This living situation will be weighted by the case manager of the certified program and may still apply provided the family is residing with family and participating in a measureable case management program. Single head of households must be elderly, disabled, or near elderly (55 or older) to qualify as eligible for this preference.• Head of Households that are without housing due to fire will be considered if they are in possession of a fire report that is not more than 60 days old.• Families that are displaced as the result of an action by the City of Anderson's Community Development Department.• Head of Households that are assisted through the Medicaid Home and Community Based Services Waiver under Section 1915C of the SSA. These referrals are handled locally by the Anderson-Oconee office of Community Long Term Care.• Women who have been participants in the DHEC Nurse Family Partnership Program for ninety days.• Public Housing Management will verify if household need is sufficient and may review regular waiting list for preferences as well.
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<p>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The PHA has made significant progress in meeting the missions and goals described in the 5-Year Plan. The supply of assisted housing continues to be expanded as funding becomes available; the quality has been maintained. Housing choices have been increased through outreach programs that seek to obtain potential voucher landlords. The PHA actively works to further fair housing through the utilization of equal opportunity.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s Definition of “significant amendment” and “substantial deviation/modification”.</p> <p>The PHA defines Substantial Deviation or Significant Amendment or Modifications as follows:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of waiting list • Additions of non-emergency work items not included in the Capital Fund Annual Plan • Any changes to demolition, designation, homeownership programs, or conversion activities <p>Substantial deviation or significant amendment or modification does not include any changes in policies due to required changes in HUD regulations or requirements, or changes in policies and procedures necessary to maintain financial viability of the programs due to changes in HUD funding that is implemented after the annual plan is submitted and during the subject year or changes in policies and procedures necessary To apply for new or renewal sources of funding.</p>
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	<p style="text-align: center;">Resident Comments</p> <p>All public housing residents and Section 8 clients are notified by mail of the annual plan process. During the initial process, two meetings are held in the Administrative Office. Needed Capital fund improvements and changes to administrative plans are discussed and where appropriate, their ideas are considered and made a part of the final plan.</p> <p>All residents are invited to be a part of the Resident Advisory Board for the Annual Plan Process. This year, 22 public housing residents attended the first meeting with 9 residents attending the Resident Advisory Board luncheon. Nine (9) section 8 residents attended the luncheon meeting for resident input of the final copy of the annual plan. These annual meetings have given all residents the chance to express their opinion of proposed changes in the way the housing authority operates. This year, the most popular topic continued to be dryer hookups and the new community center. A majority of the residents were in support of these items, feeling that it was a positive change. However, we were asked to consider items such as benches and a stricter enforcement of our no loitering policy. We also explained the role of our community officer. The residents were also informed that there would be no changes in the flat rent and maintenance charges in 2012.</p>
11.0	

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

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

Resolution 563

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2012, 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.

Anderson Housing Authority
PHA Name

SC 037
PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

X Annual PHA Plan for Fiscal Years 2012 - 2012

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

Chase Christopher

Chairman

Signature

Date



9-20-11

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 08/30/2011

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.

Anderson Housing Authority

PHA Name

SC037

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

Jeffery Trahan

Title

Executive Director

Signature

Date

9/30/2011

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency: _____	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): <p style="text-align: center;">Not Applicable</p>	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <p style="text-align: center;">Not Applicable</p>	
(attach Continuation Sheet(s) SF-LLLA, if necessary)		
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: <p style="text-align: center;">Not Applicable</p>		
(attach Continuation Sheet(s) SF-LLLA, if necessary)		
15. Continuation Sheet(s) SF-LLLA attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. 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 reported to the Congress semi-annually and 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>Jeffery Trahan</u> Print Name: <u>Jeffery Trahan</u> Title: <u>Executive Director</u> Telephone No.: <u>864-260-5120</u> Date: <u>9-30-11</u>		
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

Anderson Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Funds, Operating Subsidy, Section 8 HCV, COCC

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 sub recipients 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

Title

Jeffery Trahan

Executive Director

Signature

Date (mm/dd/yyyy)

9/30/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Anderson Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Funds, Operating Subsidy, Section 8 HCV, COCC

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1335 East River St., Anderson, SC 29624

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

Jeffery Trahan

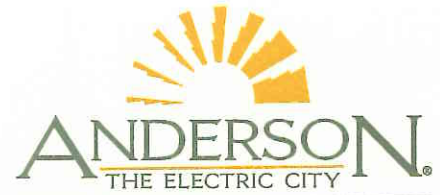
Signature

Title

Executive Director

Date

9/30/2011



Department of Economic and Community Development

September 14, 2011

Mr. Jeff Trahan
Anderson Housing Authority
1335 East River Street
Anderson, SC 29624

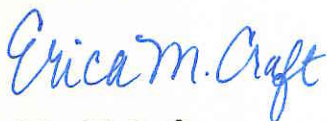
RE: Certification – Consistency with Consolidated Plan


Dear Mr. Trahan:

We have reviewed the Anderson Housing Authority's Annual PHA Plan for Fiscal Year 2012. Further, it is our opinion that the housing programs and initiatives outlined in the plan are consistent with the City of Anderson's Consolidated Plan. Enclosed for your records is the executed Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan (HUD-50075-SA).

We look forward to working together to improve housing opportunities and conditions for low income persons in Anderson. Feel free to contact me at 231-2223 if we may be of further assistance.

Sincerely,



Erica M. Craft

Enclosure

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

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

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

I, John R. Moore Jr. the City Manager certify that the Five Year and
Annual PHA Plan of the Anderson Housing Authority is consistent with the Consolidated Plan of
City of Anderson prepared pursuant to 24 CFR Part 91.


Signed / Dated by Appropriate State or Local Official

9-14-11

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 Anderson HA/SC037			Locality (City/county & State) Anderson/Anderson SC		<input checked="" type="checkbox"/> X Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
		Annual Statement				
	SC037001		190,395	175,395	190,395	175,395
	SC037002		23,000	30,000	23,000	30,000
	SC037016		47,000	55,000	47,000	55,000
	SC037004		72,000	65,000	72,000	65,000
	PHA Wide		68,000	75,000	68,000	75,000
	CFP Funds Listed for 5-year planning		400,395	400,395	400,395	400,395

Jeff T. R. 9-30-11

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

Work Statement for Year 1 FFY _____	Work Statement for Year ____ <u>2</u> _____ FFY 2013			Work Statement for Year: ____ <u>3</u> _____ FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	SC037001			SC037001		
	Unit Repair		5,395	Unit Repair		5,395
	Replace Siding		25,000	Site Work – Parking Lot		17,000
	Unit Hardware		6,000	Unit Hardware		4,000
	HVAC Repl/Elec./Roof		100,000	Roof/HVAC Conv.		60,000
	Unit Renovations		5,000	Unit Renovations		20,000
	Replace HWH		6,000	Replace HWH		5,000
	Appliances		12,000	Appliances		10,000
	Playground Equip		6,000	Playground Equip		10,000
	Landscaping/Erosion Control		20,000	Landscaping/Erosion Control/Drainage		35,000
	Replace Sidewalks & Stripes		5,000	Replace Sidewalks & Stripes		9,000
	Subtotal of Estimated Cost	\$	190,395	Subtotal of Estimated Cost	\$	175,395

geto Truck 9-30-11

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

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

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

Work Statement for Year 1 FFY _____	Work Statement for Year <u> 2 </u> FFY 2013			Work Statement for Year: <u> 3 </u> FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	SC037004			SC037004		
	Renovate Bldg		15,500	Roof Repl.		15,500
	Unit Repair		10,000	Unit Repair		10,000
	Pave Parking Lot		20,000	Pave Parking Lot		13,000
	Replace HWH		1,000	Replace HWH		1,000
	Appliances		5,000	Appliances		5,000
	Landscaping/Erosion Control		15,000	Landscaping/Erosion Control		15,000
	Replace Storm/Sewer Drains		1,500	Replace Storm/Sewer Drains		1,500
	Replace Sidewalks		4,000	Replace Sidewalks		4,000
	PHA Wide			PHA Wide		
				Energy Audit		
	Rplc Computer Equip		5,000	Rplc. Computer Equip		5,000
	Community Patrol Officer		28,000	Community Patrol Officer		28,000
				Renovate Office/centers		7,000
	Construction Consultant		10,000	Construction Consultant		10,000
	Transfer to Operations		25,000	Transfer to Operations		25,000
	Administrative Expenses			Administrative Expenses		
	Subtotal of Estimated Cost		\$ 140,000	Subtotal of Estimated Cost		\$ 140,000

Jeff Trulsen 9-30-11

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____ 4 ____ FFY 2015			Work Statement for Year: __ 5 ____ FFY 2016		
	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	SC037001			SC037001		
Annual	Unit Repair		5,395	Unit Repair		5,395
Statement	Replace Siding		25,000	Site Work – Parking Lot		17,000
	Unit Hardware		6,000	Unit Hardware		4,000
	HVAC Repl/Elec./Roof		100,000	Roof/HVAC Conv.		60,000
	Unit Renovations		5,000	Unit Renovations		20,000
	Replace HWH		6,000	Replace HWH		5,000
	Appliances		12,000	Appliances		10,000
	Playground Equip		6,000	Playground Equip		10,000
	Landscaping/Erosion Control		20,000	Landscaping/Erosion Control/Drainage		35,000
	Replace Sidewalks & Stripes		5,000	Replace Sidewalks & Stripes		9,000
	Subtotal of Estimated Cost	\$	190,395	Subtotal of Estimated Cost	\$	175,395

Jeff Trahan 9-30-11

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Work Statement for Year 1 FFY _____	Work Statement for Year ____4____ FFY 2015			Work Statement for Year: ____5____ FFY 2016		
	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	SC037002			SC037002		
	Unit Repair		2,000	Unit Repair		2,000
	Replace Siding			Replace Siding		
	Unit Hardware		2,000	Unit Hardware		2,000
	HVAC Repl/Elec./Roof		9,000	HVAC Repl/Elec./Roof		14,000
	Unit Renovations		3,000	Unit Renovations		3,000
	Replace HWH			Replace HWH		
	Appliances		2,000	Appliances		3,000
	Playground Equip		3,000	Playground Equip		3,000
Landscaping/Erosion Control		2,000	Landscaping/Erosion Control		3,000	
	SC037016			SC037016		
	Unit Repair		5,000	Unit Repair		10,000
	HVAC Repl/Elec./Roof		40,000	HVAC Repl/Elec./Roof		40,000
	Appliances		2,000	Appliances		5,000
	Subtotal of Estimated Cost		\$ 70,000	Subtotal of Estimated Cost		\$ 85,000

Jeff Truhman 9-30-11

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

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

Work Statement for Year 1 FFY _____	Work Statement for Year <u>4</u> FFY 2015			Work Statement for Year: <u>5</u> FFY 2016		
	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	SC037004			SC037004		
	Renovate Bldg		15,500	Roof Repl.		15,500
	Unit Repair		10,000	Unit Repair		10,000
	Pave Parking Lot		20,000	Pave Parking Lot		13,000
	Replace HWH		1,000	Replace HWH		1,000
	Appliances		5,000	Appliances		5,000
	Landscaping/Erosion Control		15,000	Landscaping/Erosion Control		15,000
	Replace Storm/Sewer Drains		1,500	Replace Storm/Sewer Drains		1,500
	Replace Sidewalks		4,000	Replace Sidewalks		4,000
	PHA Wide					
	Rplc Computer Equip		5,000			
	Community Patrol Officer		28,000			
				PHA Wide		
	Construction Consultant		10,000			
	Transfer to Operations		25,000	Replace Computer Equip		5,000
	Administrative Expenses			Community Patrol Officer		28,000
				Renovate Office/centers		7,000
				Construction Consultant		10,000
				Transfer to Operations		25,000
	Subtotal of Estimated Cost		\$ 140,000	Subtotal of Estimated Cost		\$ 140,000

Jeff Truhn 9-30-11

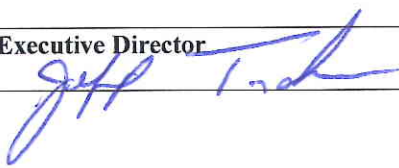
Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 3/31/2014

Part I: Summary					
PHA Name: SC037		Grant Type and Number Capital Fund Program Grant No: SC16P03750109 Replacement Housing Factor Grant No: Date of CFPP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input checked="" 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				
3	1408 Management Improvements	35,150	35,150	35,150	29,150
4	1410 Administration (may not exceed 10% of line 21)	47,123	47,123	47,123	47,123
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,000	24,000	24,000	22,500
8	1440 Site Acquisition				
9	1450 Site Improvement	120,000	65,000	65,000	58,366.50
10	1460 Dwelling Structures	136,757	220,084	220,084	176,964.61
11	1465.1 Dwelling Equipment—Nonexpendable	15,000	13,028	13,028	13,338.02
12	1470 Non-dwelling Structures	80,000	46,645	46,645	36,855.04
13	1475 Non-dwelling Equipment	13,200	20,200	20,200	19,582.33
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant:(sum of lines 2 –20)	471,230	471,230	471,230	403,879.50

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: SC037		Grant Type and Number Capital Fund Program Grant No: SC16P03750109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost	Obligated	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	471,230	471,230	471,230	403,879.50
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	29,150	29,150		
25	Amount of line 20 Related to Energy Conservation Measures	129,641.06	129,641.06		
25					
Signature of Executive Director 		Date 9-30-11	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: SC037		Grant Type and Number Capital Fund Program Grant No: SC16P03750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: : 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA wide	Operations	1406						
PHA - Wide	Community Patrol Officer	1408		29,150	29,150	29,150	29,150	
PHA - Wide	Administration	1410		47,123	47,123	47,123	47,123	
PHA - Wide	Constr. Architect/Consultant	1430		24,000	24,000	24,000	22,500	
PHA - Wide	Physical Needs Assessment	1408		6,000	6,000	6,000		
SC037001	Security Cameras - Fortson	1450		40,000	52,000	52,000	52,349.40	
SC037001	Landscaping - Washington	1450		80,000	13,000	13,000	6,017.10	
PHA - Wide	Installation of Dryer Hookups	1460		20,500	20,500	20,500	20,500	
SC037001	Vinyl/Siding - Fortson	1460		104,257	187,584	187,584	149,830.25	
PHA - Wide	Replace Flooring/Hot Water Heaters	1460		12,000	12,000	12,000	6,634.36	
PHA - Wide	Replace Appliances	1465		15,000	13,028	13,028	13,338.02	
SC037001 & 04	Renovation Offices – Admin. Bldg.	1470		80,000	46,645	46,645	36,855.04	
PHA - Wide	Replace Computer Equipment	1475		13,200	20,200	20,200	19,582.33	

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.

PHA Name: SC037

SC16P03750109

Development Number	Name/PHA-Wide Activities

All Fund Obligated
(Quarter Ending Date)

All Funds Expended
(Quarter Ending Date)

Reasons for Revised Target Dates ¹

Original
Obligation End
Date

Actual Obligation
End Date

Original Expenditure	End Date
1000000	2023-12-31
2000000	2024-03-31
3000000	2024-06-30
4000000	2024-09-30
5000000	2024-12-31
6000000	2025-03-31
7000000	2025-06-30
8000000	2025-09-30
9000000	2025-12-31
10000000	2026-03-31
11000000	2026-06-30
12000000	2026-09-30
13000000	2026-12-31
14000000	2027-03-31
15000000	2027-06-30
16000000	2027-09-30
17000000	2027-12-31
18000000	2028-03-31
19000000	2028-06-30
20000000	2028-09-30
21000000	2028-12-31
22000000	2029-03-31
23000000	2029-06-30
24000000	2029-09-30
25000000	2029-12-31
26000000	2030-03-31
27000000	2030-06-30
28000000	2030-09-30
29000000	2030-12-31
30000000	2031-03-31
31000000	2031-06-30
32000000	2031-09-30
33000000	2031-12-31
34000000	2032-03-31
35000000	2032-06-30
36000000	2032-09-30
37000000	2032-12-31
38000000	2033-03-31
39000000	2033-06-30
40000000	2033-09-30
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43000000	2034-06-30
44000000	2034-09-30
45000000	2034-12-31
46000000	2035-03-31
47000000	2035-06-30
48000000	2035-09-30
49000000	2035-12-31
50000000	2036-03-31
51000000	2036-06-30
52000000	2036-09-30
53000000	2036-12-31
54000000	2037-03-31
55000000	2037-06-30
56000000	2037-09-30
57000000	2037-12-31
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85000000	2044-12-31
86000000	2045-03-31
87000000	2045-06-30
88000000	2045-09-30
89000000	2045-12-31
90000000	2046-03-31
91000000	2046-06-30
92000000	2046-09-30
93000000	2046-12-31
94000000	2047-03-31
95000000	2047-06-30
96000000	2047-09-30
97000000	2047-12-31
98000000	2048-03-31
99000000	2048-06-30
100000000	2048-09-30
101000000	2048-12-31
102000000	2049-03-31
103000000	2049-06-30
104000000	2049-09-30
105000000	2049-12-31
106000000	2050-03-31
107000000	2050-06-30
108000000	2050-09-30
109000000	2050-12-31
110000000	2

Actual Expenditure End
Date

9/14/11

9/14/13

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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: ANDERSON SC-037		Grant Type and Number Capital Fund Program Grant No: SC16P03750110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
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: 6/30/2011 <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				
3	1408 Management Improvements	36,000	36,000	7,950	7,950
4	1410 Administration (may not exceed 10% of line 21)	45,960	45,960	45,960	45,960
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000	40,000	37,979.64	37,979.64
8	1440 Site Acquisition				
9	1450 Site Improvement	48,647	48,647		
10	1460 Dwelling Structures	223,500	48,500	23,307.58	23,307.58
11	1465.1 Dwelling Equipment—Nonexpendable	22,500	0		
12	1470 Non-dwelling Structures	35,000	232,500		
13	1475 Non-dwelling Equipment	8,000	8,000	3,072.94	3,072.94
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.

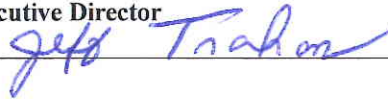
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: ANDERSON		Grant Type and Number Capital Fund Program Grant No: SC16P03750110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
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: 6/30/2011 <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)	459,607	459,607	118,270.16	118,270.16
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 		Date 11/15/2010 9-30-11		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: Anderson Housing Authority SC037			Grant Type and Number Capital Fund Program Grant No: SC16P03750110 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	
PHA Wide	Replace Appliances	1465		22,500	0			
PHA Wide	Replace Hot Water Heaters	1460		7,500	7,500			
PHA Wide	Replace Flooring	1460		16,000	16,000			
PHA Wide	Add Storage Area/Dryer Vents	1460		25,000	25,000	23,307.58	23,307.58	
SC37002	HVAC Replacements / Electrical Conver.	1460		175,000	0			
PHA Wide	Landscaping / Erosion Control	1450		48,647	48,647			
PHA Wide	Architect / Construction Services	1430		40,000	40,000	37,979.64	37,979.64	
PHA Wide	Administration	1410		45,960	45,960	45,960	45,960	
PHA Wide	Replace Computers/Software Upgrades	1475		8,000	8,000	3,072.94	3,072.94	
PHA Wide	Community Patrol Officer	1408		36,000	36,000	7,950.00	7,950.00	
PHA Wide	Renovate Neighborhood Ctrs/Bldg.	1470		35,000	15,000			
PHA Wide	Community Center – New Construction	1470		0	217,500			

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.

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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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 3/31/2014

Part I: Summary					
PHA Name: SC037		Grant Type and Number Capital Fund Program Grant No: SC16P03750111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	25,000			
3	1408 Management Improvements	36,000			
4	1410 Administration (may not exceed 10% of line 21)	45,960			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	27,040			
10	1460 Dwelling Structures	195,000			
11	1465.1 Dwelling Equipment—Nonexpendable	11,000			
12	1470 Non-dwelling Structures	30,000			
13	1475 Non-dwelling Equipment	5,395			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	400,395	Revised ²	Obligated	Expended
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	36,000			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	195,000			
25					
Signature of Executive Director <i>Jeff Trachon</i>			Signature of Public Housing Director		
Date <i>9-30-11</i>			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: SC037		Grant Type and Number Capital Fund Program Grant No: SC16P03750111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant : 2011			
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		25,000				
HA wide	Community Patrol Officer/Other	1408		36,000				
HA wide	Administration	1410		45,960				
HA wide	Lndscp./Constr./Arch. Consultant	1430		25,000				
SC37-1	Landscaping Site Improvement	1450		27,040				
HA wide	Replace Hot Water Heaters	1460		8,000				
SC37-4	Replace Flooring	1460		7,000				
HA wide	Add Dryer Vents with Elec. Install	1460		15,000				
HA wide	HVAC Replacement/Roof Repl./Elec. Conversion	1460		165,000				
SC37-1	Replace Appliances	1465		11,000				
HA wide	Non-dwelling space	1470		30,000				
HA wide	Computers/Audio Visual Equip./Chairs/Desks	1475		5,395				

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.

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

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

PHA Name: ANDERSON HA

Grant Type and Number

Capital Fund Program Grant No: SC16P03750112

Federal FY
of Grant:
2012☒ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)☐ Performance and Evaluation Report for Period Ending: 6/30/2011 ☐ 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	25,000			
3	1408 Management Improvements	36,000			
4	1410 Administration	45,960			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,040			
10	1460 Dwelling Structures	208,395			
11	1465.1 Dwelling Equipment—Nonexpendable	16,000			
12	1470 Nondwelling Structures	10,000			
13	1475 Nondwelling Equipment	9,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	400,395			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	36,000			
25	Amount of Line 21 Related to Security—Hard Costs				
26	Amount of line 21 Related to Energy Cons Meas	180,000			

Jeff Trahan 9-30-11

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

PHA Name: Anderson HA		Grant Type and Number Capital Fund Program Grant No: SC16P03750112				Federal FY of Grant: 2012		
Development Number Name/HA-Wide Act.	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds oblig.	Funds exp	
HA wide	Operations	1406		25,000				
HA wide	Community Patrol Officer	1408		36,000				
HA wide	Administration	1410		45,960				
HA wide	Lndscp./Constr./Arch. Consultant	1430		30,000				
SC37-1	Landscaping Site Improv.	1450		20,040				
HA wide	Replace Hot Water Heaters	1460		12,000				
SC37-4	Replace Flooring	1460		10,000				
HA wide	Add Dryer Vents with Elec. Install	1460		15,000				
HA wide	HVAC Replacement/Roof Repl./Elec. Conversion	1460		171,395				
SC37-1	Replace Appliances	1465		16,000				
HA wide	Renovation – Bldg. Office	1470		10,000				
HA wide	Computers/Audio Visual Equip./Chairs/Desks	1475		9,000				

Part II: Supporting Pages

form HUD-50075.1 (4/2008)

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

PHA Name: ANDERSON HA			Grant Type and Number Capital Fund Program No: SC16P03750112 Replacement Housing Factor No:				Federal FY of Grant: 2012
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
	7/2014			7/2016			