

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

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# PHA Plans

5 Year Plan for Fiscal Years 2000-2004

Annual Plan for Fiscal Year 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

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HUD 50075  
OMB Approval No: 2577-0226  
Expires: 03/31/2002

**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of the City of Rocky Mount

**PHA Number:** NC019

**PHA Fiscal Year Beginning: (mm/yyyy)** 01/2001

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)



**5-YEAR PLAN**  
**PHA FISCAL YEARS 2000 - 2004**

[24 CFR Part 903.5]

**A. 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. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- x The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**  
**EXECUTIVE SUMMARY**

**In accordance with the with the Quality Housing and Work Responsibility Act of 1998 (QHWRA), Rocky Mount Housing Authority (RMHA) has developed a Five Year Plan. The Five Year Plan covers specific goals and objectives to be done by various departments at RMHA. The Five Year was developed with input from staff, commissioners, and residents. A brief summary of the projections and conclusions of the Five Year Plan are as follows:**

1. To Maintain Maximum Operational Effectiveness.
2. To Increase the Level of Awareness of Policy Makers of the Need and Benefits of Affordable Housing; and
3. to Provide New Housing Opportunities and Preserve the Existing Housing Stock with Fiscal Responsibility
4. To promote self-sufficiency among Residents through education and employment training.

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below)
- PHA Goal: Increase assisted housing choices  
Objectives:
- Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment  
Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households  
Objectives:
  - Increase the number and percentage of employed persons in assisted families:
  - Provide or attract supportive services to improve assistance recipients' employability:
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Attachment Q (NC019Q01)**  
**Attachment R (NC019R01)**

## PHA Plan Agency Identification

**PHA Name:** Housing Authority of the City of Rocky Mount

**PHA Number:** NC019

**PHA Fiscal Year Beginning: (mm/yyyy)** 01/2001

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- Other (list below)



**Annual PHA Plan**  
**PHA Fiscal Year 2001**

[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

x      **Standard Plan**

**Streamlined Plan:**

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

     **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**Executive Summary**

**Rocky Mount Housing Authority's (RMHA) Annual Plan is prepared in accordance with HUD's Preliminary/Draft Guidance on preparation and submission of the PHA Plans for FY 2001 as published July 27, 1999. Staff has made every effort to ensure participation in the Plans from Residents, staff, Board of Commissioners, local government and general government.**

**The major components of the Annual Plan are considered to be the statements relating to Financial Resources, Agency Policies, Rent Determines Policy, Operations and Management and Capital Improvements. RMHA has over the past eight (8) years done well in overall management of its PHMAP as a high performer.**

**The FY 2001 Annual Plan was prepared with the vision of maintaining the highest level of service possible, with limited resources, for the clients served. Primary focus of RMHA during the FY 2001 will be demolition and new construction of units due to the recent flood. Overall, the FY 2001 Annual Plan was developed to realistically satisfy HUD's regulations as set out in the New Housing Act of 1998.**

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

## Table of Contents

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- A Admissions Policy for Deconcentration **(NC019A01)**
- B FY 2000 Capital Fund Program Annual Statement **(NC019B01 thru NC019B09)**

Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- C PHA Management Organizational Chart **(NC019C01)**
- D FY 2000 Capital Fund Program 5 Year Action Plan **(NC019D01 thru NC019D07)**
- E Public Housing Drug Elimination Program (PHDEP) Plan **(NC019E01 thru NC019E01j)**
- F Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) **(NC019F01 thru NC019F01a)**
- G Other (List below, providing each attachment name)

## Statement of Progress (NC019P01)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
x	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
x	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the methodology for setting public housing flat rents  x check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	<input type="checkbox"/> check here if included in the public housing A & O Policy	
x	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
x	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
n/a	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
x	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
n/a	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
x	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
n/a	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
n/a	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
n/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
n/a	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
n/a	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
x	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
n/a	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
x	The most recent Public Housing Drug Elimination Program	Annual Plan: Safety and

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	(PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Crime Prevention
n/a	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
n/a	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs      ATTACHMENT H**

### **(NC019G01)**

[24 CFR Part 903.79 (a)]

#### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	3039	5	5	5	5	5	5
Income >30% but <=50% of AMI	2022	5	5	5	5	5	5
Income >50% but <80% of AMI	1333	5	5	5	5	5	5
Elderly							
Families with Disabilities							
Race/Ethnicity /w	39%	5	5	5	5	5	5
Race/Ethnicity /b	65%	5	5	5	5	5	5
Race/Ethnicity/his	55%	5	5	5	5	5	5

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Race/Ethnicity/nat	72%	5	5	5	5	5	5

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 1997-2002
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset **NC019S01** Attachment P
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input checked="" type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	187		150
Extremely low income <=30% AMI	90	48%	
Very low income	86	45%	

<b>Housing Needs of Families on the Waiting List</b>			
(>30% but <=50% AMI)			
Low income (>50% but <80% AMI)	11	12%	
Families with children	121	65%	
Elderly families	12	.06%	
Families with Disabilities	34	18%	
Race/ethnicity white	16	.08%	
Race/ethnicity black	153	82%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	31	34%	
2 BR	47	52%	
3 BR	8	9%	
4 BR	4	4%	
5 BR			
5+ BR			
Is the waiting list closed (select one)? x No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No x Yes			

### **C. Strategy for Addressing 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**, and the Agency's reasons for choosing this strategy.

**RMHA will continue efforts to work with South Eastern North Carolina Community Development Corporation (CDC) to establish more affordable housing.**

#### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- x Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- x Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- x Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- x Employ admissions preferences aimed at families who are working
- x Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- x Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- x Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For

other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

**Rocky Mount Housing Authority (RMHA) current funding resources are listed below. It is very difficult to project future use of funds because of the uncertainty of HUD's funding from year to year. However, RMHA will continue to ensure its maximum use in addressing our needs.**

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2001 grants)</b>		
a) Public Housing Operating Fund	\$1,342,327	\$1,222,869
b) Public Housing Capital Fund		
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$1,063,949	\$1,063,949
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Comp Grant 1999-2000	\$1,800,000	\$1,500,000
Disaster Emergency Grant	\$1,711,548.23	\$1,300,000
Drug Elimination Grant	\$230,000	\$160,000
<b>3. Public Housing Dwelling Rental Income</b>		
Dwelling Rent	\$1,378,800	\$1,378,800
Excess Utilities	\$114,992	\$114,992
<b>4. Other income (list below)</b>		
Interest on Investments	\$93,697	\$93,697
Miscellaneous Income	\$62,965	\$62,965

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	\$7,798,278.23	\$6,897,272

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)] Rocky Mount Housing Authority's (RMHA) policies governing Eligibility, Selection, and Admissions are located in the Admission and Continued Occupancy Policy which is on display for public view.

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe) **Credit Reports**

c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

**(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below) **West End Terrace Community Center and Weeks-Armstrong Community Center**

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One  
 Two  
 Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

#### **(4) Admissions Preferences**

a. Income targeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies  
 Overhoused  
 Underhoused  
 Medical justification  
 Administrative reasons determined by the PHA (e.g., to permit modernization work)  
 Resident choice: (state circumstances below)  
 Other: (list below)

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing

- Owner, Inaccessibility, Property Disposition)
- x Victims of domestic violence
- x Substandard housing
- x Homelessness
- x High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- x Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- x Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- x Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

## 2 Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 1 High rent burden

Other preferences (select all that apply)

- 2 Working families and those unable to work because of age or disability
- 2 Veterans and veterans' families
- 1 Residents who live and/or work in the jurisdiction
- 2 Those enrolled currently in educational, training, or upward mobility programs
- 2 Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- 2 Those previously enrolled in educational, training, or upward mobility programs
- 1 Victims of reprisals or hate crimes

Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers  
x Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- x The PHA-resident lease  
x The PHA's Admissions and (Continued) Occupancy policy  
x PHA briefing seminars or written materials  
 Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- x At an annual reexamination and lease renewal  
x Any time family composition changes  
 At family request for revision  
 Other (list)

**(6) Deconcentration and Income Mixing**

a. x Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. x Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?  
**(Hard Copy of Admissions policies for Public Review)**  
**ATTACHMENT A (NC019A01)**

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site-based waiting lists  
If selected, list targeted developments below:
- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

d. x Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- x Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- x List (any applicable) developments below: **NC 19-2, 19-4, 19-5**

**Weeks Armstrong Homes**

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- x List (any applicable) developments below: **NC 19-3, 19-5, 19-9**

**West End Terrace**

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

**(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other (describe below)

**(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation
  - Federal project-based certificate program
  - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
  - Other (list below) **Open or Special Applications taken at the Hyman Battle Center**

**(3) Search Time**

- a. x Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below: **Extenuating circumstances such as family emergencies, hospitalization, difficulty in locating a unit and have requested support services from the Section 8 staff throughout the initial 60 day time and family has turned in lease approval prior to the expiration of 60 days, but the unit has not passed the HQS.**

**(4) Admissions Preferences**

- a. Income targeting

- x Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. x Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- x Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- x Victims of domestic violence
- x Substandard housing
- x Homelessness
- x High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- x Residents who live and/or work in your jurisdiction

- Those enrolled currently in educational, training, or upward mobility programs
- x Households that contribute to meeting income goals (broad range of incomes)
- x Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- x Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

2 Date and Time

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 1 High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- x Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- x Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- x Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- x Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)
- This preference has previously been reviewed and approved by HUD
  - The PHA requests approval for this preference through this PHA Plan
6. Relationship of preferences to income targeting requirements: (select one)
- The PHA applies preferences within income tiers
  - Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
- The Section 8 Administrative Plan
  - Briefing sessions and written materials
  - Other (list below)
- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
- Through published notices
  - Other (list below)

**4. PHA Rent Determination Policies (Component #4)**

[24 CFR Part 903.79 (d)] **The main three (3) rent determination methods used by Rocky Mount Housing Authority (RMHA) are:**

- (1) **Minimum Rent, which is \$25.00**
- (2) **Resident’s choice in rent - (a) Income - based Rents which are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent of minimum rent (less HUD mandatory deductions and exclusions) or (b) Flat Rents as approved by Rocky Mount Housing Authority Board of Commissioners:**

<b>1 Bedroom</b>	<b>\$300.00</b>
<b>2 Bedroom</b>	<b>\$330.00</b>
<b>3 Bedroom</b>	<b>\$363.00</b>
<b>4 Bedroom</b>	<b>\$399.00</b>
<b>5 Bedroom</b>	<b>\$439.00</b>

## A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

#### a. Use of discretionary policies: (select one)

- x      The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

#### b. Minimum Rent

##### 1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
x      \$1-\$25  
      \$26-\$50

2. x Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

##### 3. If yes to question 2, list these policies below:

#### c. Rents set at less than 30% than adjusted income

1.  Yes x No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

Yes for all developments

Yes but only for some developments

No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below)

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below) **Section 8 Reasonableness Study using information from local Realtors**

## **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-**

based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- x 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- x Success rates of assisted families
- x Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

a. What amount best reflects the PHA’s minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below) **Hardship Notice on File**

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

See ATTACHMENT I **(NC019H01)**

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached. **ATTACHMENT C (NC019C01)**
- A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	768	32%
Section 8 Vouchers	190	25%
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers	36	15%

(list individually)		
Public Housing Drug Elimination Program (PHDEP)	768 units	20%
Other Federal Programs(list individually)	40 units	15%

**C. Management and Maintenance Policies**

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

- 1. Statement of Policies & Procedures**
- 2. FSS Action Plan**
- 3. Section 8 Owners Handbook**

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

**COMPONENT #6 - Statement of RMHA’s Grievance Procedures**

**This statement describes Rocky Mount Housing Authority’s (RMHA’s) Grievance and Informal Hearing and Review procedures which are made available to residents and applicants. (RMHA’s Grievance Procedures are on display for public review)**

**As noted within the Grievance Procedures, expedited grievance procedures.**

- **Criminal activity that threatens the health, safety or right to peaceful enjoyment of public housing residents or RMHA staff.**
- **Drug - Related criminal activity on or off the premises.**

**A. Public Housing**

1.  Yes x No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- PHA main administrative office
  - PHA development management offices
  - x Other (list below) **Housing Managers**

### **B. Section 8 Tenant-Based Assistance**

1.  Yes x No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- PHA main administrative office
  - x Other (list below) **Section 8**

## **7. Capital Improvement Needs**

[24 CFR Part 903.7.9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- x The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at **Attachment B (NC019B01 thru NC019B09)**

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

**(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. x Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
- b. If yes to question a, select one:
- x The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at **Attachment D (NC019D01 thru NC019D07)**

-or-

- The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

**B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. x Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number: NC019PO19002 and NC019P019004
2. Activity type: Demolition x Disposition <input type="checkbox"/>
3. Application status (select one)

Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(07/24/00)</u>
5. Number of units affected: 26
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 01-15-00 b. Projected end date of activity: 03-15-00

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

**Designation of Public Housing Activity Description**

1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes x No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**ATTACHMENT J (NC0190I)**

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes x No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	

- |  |
|--|
| <input type="checkbox"/> Part of the development |
| <input type="checkbox"/> Total development       |

## B. Section 8 Tenant Based Assistance

1.  Yes x No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants

#### b. PHA-established eligibility criteria

- Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
 If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

## **ATTACHMENT K (NC019J01)**

**A. PHA Coordination with the Welfare (TANF) Agency See Attached ATTACHMENT L (NC019K01 thru NC019K01a)**

1. Cooperative agreements:

- Yes x No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- x Client referrals  
x Information sharing regarding mutual clients (for rent determinations and otherwise)  
x Coordinate the provision of specific social and self-sufficiency services and programs to eligible families  
 Jointly administer programs  
 Partner to administer a HUD Welfare-to-Work voucher program  
 Joint administration of other demonstration program  
 Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- x Public housing rent determination policies  
x Public housing admissions policies  
x Section 8 admissions policies  
 Preference in admission to section 8 for certain public housing families  
x Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA  
 Preference/eligibility for public housing homeownership option participation  
 Preference/eligibility for section 8 homeownership option participation  
 Other policies (list below)

b. Economic and Social self-sufficiency programs

x Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
1. South Eastern North Carolina Community Development Corp.	Unlimited	Registration (Open)	PHA Main Office	Both PHA and Section 8
2. Jazzy’s Restaurant (Jobs and Job Training)	Limited Number	Application Waiting List Screening	Restaurant Site	Both PHA and Section 8
3. Resident Management Council, Inc. (RMC)	Limited Number	Screening	PHA Main Office	Both PHA and Section 8

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8	35	32

b. x Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size? If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.
  - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - Establishing a protocol for exchange of information with all appropriate TANF agencies
  - Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
--

### **13. PHA Safety and Crime Prevention Measures**

#### **ATTACHMENT M (NC019L01)**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
  - High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
  - Residents fearful for their safety and/or the safety of their children
  - Observed lower-level crime, vandalism and/or graffiti
  - People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime

Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- x Safety and security survey of residents
- x Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- x Analysis of cost trends over time for repair of vandalism and removal of graffiti
- x Resident reports
- x PHA employee reports
- x Police reports
- x Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs

Other (describe below)

3. Which developments are most affected? (list below) **Note: Weeks-Armstrong Homes West End Terrace, Edgecombe County and Nash County.**

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- x Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- x Crime Prevention Through Environmental Design
- x Activities targeted to at-risk youth, adults, or seniors
- x Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

**Weeks-Armstrong Edgecombe County West End Terrace Nash County**

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- x Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan

- x Police provide crime data to housing authority staff for analysis and action
- x Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- x Police regularly testify in and otherwise support eviction cases
- x Police regularly meet with the PHA management and residents
- x Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

Other activities (list below)

2. Which developments are most affected? (list below)

**Weeks-Armstrong Edgemcombe County West End Terrace Nash County**

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- x Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- x Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- x Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: A:\NC019E01)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**ATTACHMENT N (NC019M01)**

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. **ATTACHMENT 0 (NC019N01 thru NC019N01e)**

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1. x Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
- 2. x Yes  No: Was the most recent fiscal audit submitted to HUD?
- 3.  Yes x No: Were there any findings as the result of that audit?

4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain?\_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.  
High performing and small PHAs are not required to complete this component.

1. x Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
- Not applicable
- Private management
- Development-based accounting
- x Comprehensive stock assessment
- Other: (list below)
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. x Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- x Attached at **Attachment F (NC019F01)**
- Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
- Considered comments, but determined that no changes to the PHA Plan were necessary.
  - The PHA changed portions of the PHA Plan in response to comments  
List changes below:
  - Other: (list below)

**B. Description of Election process for Residents on the PHA Board**

- 1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
- 2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.) **Resident on the Board is appointed by the Mayor.**

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)
  - Candidates were nominated by resident and assisted family organizations
  - Candidates could be nominated by any adult recipient of PHA assistance
  - Self-nomination: Candidates registered with the PHA and requested a place on ballot
  - Other: (describe)
- b. Eligible candidates: (select one)
  - Any recipient of PHA assistance
  - Any head of household receiving PHA assistance
  - Any adult recipient of PHA assistance
  - Any adult member of a resident or assisted family organization
  - Other (list)
- c. Eligible voters: (select all that apply)
  - All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
  - Representatives of all PHA resident and assisted family organizations
  - Other (list)

**C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) **City of Rocky Mount, North Carolina**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) **Before the Certification Consolidation**

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## Attachments

Use this section to provide any additional attachments referenced in the Plans.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement

### Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number                      FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 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	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**

**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement**  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>				



**ATTACHMENT A**

**Page 1 of 3**

**DECONCENTRATION**

**NC019A01**

**RESOLUTION NO. 16 (1999)**

**Approving Amendment to Rocky Mount Housing Authority (RMHA) Admission and Continued Occupancy Policy (ACOP) to Provide for Deconcentration of Poverty and Income Mixing in all RMHA Communities**

**WHEREAS, HUD issued a notice in the Federal Register on February 18, 1999 concerning the New Quality Housing and Work Responsibility Act (QRWHA) of 1998 requiring Public Housing Authorities to develop a policy to provide for deconcentration of poverty and income mixing by bringing higher income Residents into lower-income public housing communities and bringing lower-income Residents into higher-income public housing communities; and**

**WHEREAS, the Executive Director is recommending amending both the Tenant Selection Policies and Procedures, and Tenant Selection and Assignment Plan as stated on the attached**

sheet to achieve deconcentration of poverty and income mixing in all RMHA communities;

**NOW THEREFORE BE IT RESOLVED** that the Board of Commissioners of the Rocky Mount Housing Authority hereby approve the attached Amendments to meet HUD's Deconcentration of Poverty and Income Mixing requirements.

**Date Adopted:** June 8, 1999

**Distribution:**           **HUD**  
                                  **RMHA Housing Manager**  
                                  **RMHA Occupancy Staff**  
                                  **Residents Presidents**  
                                  **Resident Advisory Board**  
                                  **Post**  
                                  **File**

AMENDMENT NO.1

Date: 6/8/99

## **ACOP AMENDMENTS**

### **11. Tenant Selection Policies and Procedures**

Current wording - Page 35, a

To avoid concentration of the most economically and socially deprived families in one or all the developments operated by the RMHA

Amendment - Page 35, a.

To provide for deconcentration of poverty and income mixing, by bringing higher-income tenants into lower-income public housing communities and bring lower-income Residents into higher-income communities.

## 12. Tenant Selection and Assignment Plan

Current wording - Page 35, a.

Assignment of applications and units must be conducted in accordance with a Tenant Selection and Assignment Plan that meets HUD requirements and approval. Units assignments must be based on the type of project, size and type of unit required, applicable preferences, and date and time of application.

Amendment - Page 35, a.

Assignments of applicants and units must be conducted in accordance with a Tenant Selection and Assignment Plan that meets HUD requirements and approval. Units assignments must be based on the project income, size and type of unit required, applicable preferences, and date and time of application.

ATTACHMENT B

Annual Statement / Performance and Evaluation Report

Capital Fund Program Annual Statement

Part I: Summary

HA Name: The Housing Authority of Rocky Mount, NC

Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/98)

U.S. Department of Housing and Urban Development

Capital Fund Program Annual Statement

Capital Fund Program Annual Statement

NC19P01950101

FFY of Grant Approval

2001

Original Annual Statement  Reserve for Disaster/Emergencies  Revised Annual Statement/Revision Number \_\_\_\_\_ Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost (2)	
		Original	Revised (1)		Expended	
1	Total Non-CGP Funds					
2	1406 Operations (may not exceed 10% of 19)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$164,869.00	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$79,500.00	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$36,000.00	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$798,215.00	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$141,116.00	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$45,000.00	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	1498 Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	1502 Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	Amount of Annual Grant (Sum of lines 2-19)	\$1,309,200.00	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of line 19 Related to LBP Activities		\$0.00		\$0.00	\$0.00
21	Amount of line 19 Related to Section 504 Compliance		\$0.00		\$0.00	\$0.00
22	Amount of line 19 Related to Security		\$0.00		\$0.00	\$0.00
23	Amount of line 19 Related to Energy Conservation		\$0.00		\$0.00	\$0.00

Signature of Executive Director and Date:

*X. Larry Russell*  
12-8-01

Signature of Public Housing Director or Office of Native American Programs Administrator & Date:

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

Page 1 of 9

Facsimile form HUD-52837 (10/89)

2. To be completed for the Performance & Evaluation Report

NC 019 201

ref Handbook 7485.3

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

U. S. Department of Housing  
 and Urban Development  
 Office of Public and Indian Housing  
 OMB Approval No. 2577-0157 (7/31/88)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA-Wide Mgmt. Improvements	Computers & Software Management & Maintenance Training Consultant Fees	1408		\$5,500.00 \$144,868.00 \$3,500.00	\$0.00	\$0.00	\$0.00	
			Total 1408	\$153,868.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Administration	1410		\$79,500.00	\$0.00	\$0.00	\$0.00	
	A & E services @ no more than 7% of the annual grant amount	1430		\$38,000.00	\$0.00	\$0.00	\$0.00	
			Total 1430	\$117,500.00	\$0.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	Maps & Surveys Sidewalks & Street Repair/Replacement Tree Maintenance & Trunk Service Landscaping	1440 1450 -		\$2,500.00 \$30,000.00 \$12,000.00 \$9,000.00	\$0.00	\$0.00	\$0.00	
			Total 1450	\$53,500.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonproductive Vacancy Prop. Uninspected Physical Needs Garbage Cans PM Material Vinyel Repair Label Meter Boxes	1450 - - - - -		\$20,000.00 \$46,000.00 \$5,000.00 \$18,000.00 \$10,000.00 \$0.00	\$0.00	\$0.00	\$0.00	
			Total 1450	\$99,000.00	\$0.00	\$0.00	\$0.00	
"	Appliances (HVAC & HWH) Dwelling Equipmen Non Dwelling Structures Automotive Equipment Office Equipment Maintenance Equipment Community Space Equipment	1465 1470 1475.7 1475 -		\$39,000.00 \$10,000.00 \$2,000.00 \$15,000.00 \$10,000.00 \$10,000.00 \$15,000.00	\$0.00	\$0.00	\$0.00	
			Total 1475	\$91,000.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director and Date				Signature of Public Housing Director or Office of Native American Programs Administrator & Date				

(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

Page 2 of 9

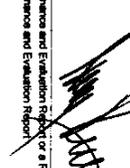
Form HUD-52837 (10/96)  
 ref Handbook 7485.3

Annual Statement Performance and Evaluation Report  
 Capital Fund Program Annual Statement

U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB Approval No. 2577-0157 (7/2/198)

Part II: Supporting Pages

Development Number/Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Proposed Work (2)	
				Original	Revised (1)	Obligated (2)	Funds Expended (2)			
NC 19-1 West End Terrace	Site: None Mechanical and Electrical: None Building Exterior: Tob Liners	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
				\$7.00	\$0.00	\$0.00	\$0.00	\$0.00		
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
				\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00		
				Total B.E.:	\$80,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
				15 Units	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				1485 T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
				Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas: None	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Site-Wide Facilities: None	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Nonresidential Equipment: None	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Total West End			Project Total:	\$80,000.00	\$0.00	\$0.00	\$0.00	\$0.00		

Signature of Capital Fund Director and Date  


Signature of Public Housing Director or Office of Native American Programs Administrator and Date  
 12/20/11

(1) To be completed for the Performance and Evaluation Report of a Revised Annual Statement  
 (2) To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Capital Fund Program Annual Statement Part II: Supporting Pages

U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB Approval No. 2577-0157 (7/31/98)

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 19-2 Weeks Armstrong	Site: None	1460	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
Mechanical and Electrical: None	None	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total B. E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Building Exterior:	None	1460	Total B. E.:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total D. E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Dwelling Units: In-unit Toilets	None	1460	Total D. E.:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$24,500.00	\$0.00	\$0.00	\$0.00	
Dwelling Equipment: None	None	1465.1	Total DUs:	\$24,500.00	\$0.00	\$0.00	\$0.00	
			Total D. E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas: None	None	1470	Total D. E.:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
Site-Wide Facilities: None	None	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWIFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Non-dwelling Equipment: None	None	1475	Total SWIFs:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
Total, Weeks Armstrong			Project Total:	\$24,500.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director and Date			Signature of Public Housing Director or Office of Native American Programs Administrator and Date					

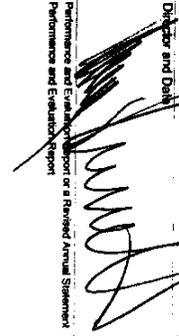
12/8/01  

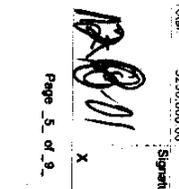

**Annual Statement Performance and Evaluation Report**  
**Capital Fund Program Annual Statement**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB Approval No. 2517-0157 (7/31/98)

Part II: Supporting Pages

Development Number/ HA-Title Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 19-3 West End Terrace	Site: None	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460	110 Units	\$0.00	\$0.00	\$0.00	\$0.00	
	Renovations:	1460	Total Kd:	\$0.00	\$0.00	\$0.00	\$0.00	
	Install Center Heat System	1460	100 units	\$250,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460	Total B.E.:	\$250,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1	25 Units	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas:	1470	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	None	1475	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	None	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
	None		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
	None		Project Total:	\$250,000.00	\$0.00	\$0.00	\$0.00	

Signature of Executive Director and Date  


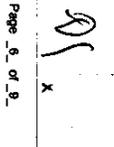
Signature of Public Housing Director or Office of Native American Programs Administrator and Date  


(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 Annual Statement Part II: Supporting Pages

U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB Approval No. 2577-0157 (7/21/98)

Development Number/ HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 19-4 Weeks Armstrong	Site: None	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
Building Exterior:	1480	100 Units	Total MAE:	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
Renovations:	1480	TOTAL B. E.:	TOTAL DUS:	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
Dwelling Units:	Herald Center Heat System	1480	TOTAL DUS:	\$50,000.00	\$0.00	\$0.00	\$0.00	
				\$50,000.00	\$0.00	\$0.00	\$0.00	
Dwelling Equipment:	None	1485.1	TOTAL D. E.:	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	None	1470	TOTAL ICA:	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
Site-Wide Facilities:	None	1470	TOTAL SWF:	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment:	None	1475	TOTAL NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
Total, Weeks				\$50,000.00	\$0.00	\$0.00	\$0.00	
Project Total:				\$50,000.00	\$0.00	\$0.00	\$0.00	

Signature of Executive Director and Date:    
 Signature of Public Housing Director or Office of Native American Programs Administrator and Date:    
 X

(1) To be completed for the Performance and Evaluation Report of Revised Annual Statement  
 (2) To be completed for the Performance and Evaluation Report  
 Page 6 of 8  
 Form HUD-52837 (10/98)  
 or Handbook 7485.3

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program Annual Statement**      **Part II: Supporting Pages**

U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing      OAH Approval No. 2577-0157 (7/31/99)

Development Number/ Name/ HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 19-5 Scattered Sites	Site: None	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Renovations	1460	101 units	\$154,715.00	\$0.00	\$0.00	\$0.00	
	Replace Kitchen Cabinets, sinks, ranges		Total M&E:	\$154,715.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Windows	1460	44 units	\$135,000.00	\$0.00	\$0.00	\$0.00	
	Renovations: Replace Electrical Service Panels	1460	Total B. E.:	\$135,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:		Total DUs:	\$15,000.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Non-dwelling Equipment: None	1475	Total SW/Fs:	\$0.00	\$0.00	\$0.00	\$0.00	
			Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
			Project Total:	\$394,715.00	\$0.00	\$0.00	\$0.00	

Total: Scattered  
 Signature of Escrow Director and Date:  12-8-01 X  
 Signature of Public Housing Director or Office of Native American Programs Administrator and Date: \_\_\_\_\_ X

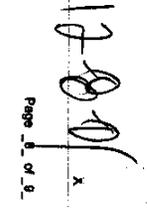
(1) To be completed for the Performance and Evaluation Report of a Revised Annual Statement  
 (2) To be completed for the Performance and Evaluation Report

Annual Statement Performance and Evaluation Report  
 Capital Fund Program Annual Statement

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB Approval No. 2577-0157 (7/31/89)

Part II: Supporting Pages

Development Number/Name/HA-WIDE Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)		
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)			
NC 19-9 McIntyre Lane	SRS:	1450	11 units		\$0.00	\$0.00	\$0.00			
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00			
			Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
					Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
			Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
					Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
			Dwelling Equipment: Replace Central Heat Systems	1465	Total D.E.:	\$131,116.00	\$0.00	\$0.00	\$0.00	
					Total D.E.:	\$131,116.00	\$0.00	\$0.00	\$0.00	
			Interior Common Areas: None	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
					Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
Site-Wide Facilities: None	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00				
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00				
Nondwelling Equipment: None	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00				
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00				
Total:			Project Total:	\$131,116.00	\$0.00	\$0.00	\$0.00			

Signature of Executive Director and Date  
  
 Signature of Public Housing Director or Office of Native American Programs Administrator and Date  


X (1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report

Capital Fund Program Annual Statement Part III: Implementation Schedule

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

OMB Approval No. 2577-0157 (7/31/89)

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates (2)
	Original	Revised (1)	Original	Revised (1)	
NC 19-1; WEST END TERRACE	03/31/2003		03/31/2004		
NC 19-2; WEEKS ARMSTRONG	03/31/2003		03/31/2004		
NC 19-3; WEST END TERRACE	03/31/2003		03/31/2004		
NC 19-4; WEEKS ARMSTRONG	03/31/2003		03/31/2004		
NC 19-5; SCATTERED SITES	03/31/2003		03/31/2004		
NC 19-9; MCINTYRE LANE	03/31/2003		03/31/2004		
PHA WIDE	03/31/2003		03/31/2004		
MANAGEMENT	03/31/2003		03/31/2004		

Signature of Executive Director and Date

*[Handwritten Signature]*

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

*[Handwritten Signature]*

X  
(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

Page 9 of 9

form HUD-52837 (10/96)

**Five-Year Action Plan**  
**Part I: Summary**  
**Capital Fund Program Annual Statement**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name: \_\_\_\_\_ Locality: (City/County & State) \_\_\_\_\_

A. Development Number/Name	City of Rocky Mount, NC - Nash & Edgecombe Counties					Work Statement for Year 5	Original <input checked="" type="checkbox"/> Revision No. <input type="checkbox"/>
	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5		
PHAWIDE:	FFY: '01	FFY: '02	FFY: '03	FFY: '04	FFY: '05		
NC 19-1: WEST END TERRACE:	\$174,500	\$171,000	\$172,000	\$172,000	\$122,000		
NC 19-2: WEEKS ARMSTRONG:	\$48,000	\$44,950	\$232,000	\$232,000	\$44,950		
NC 19-3: WEST END TERRACE:	\$70,000	\$25,000	\$20,000	\$20,000	\$20,000		
NC 19-4: WEEKS ARMSTRONG:	\$220,900	\$45,000	\$45,000	\$45,000	\$345,500		
NC 19-5: SCATTERED SITES:	\$12,500	\$64,345	\$161,000	\$161,000	\$64,345		
NC 19-9: MCINTYRE LANE:	\$172,931	\$623,816	\$344,111	\$344,111	\$450,905		
HA-Wide Contingency @ X%:	\$290,000	\$8,500	\$8,500	\$8,500	\$8,500		
B. Physical Improvements Subtotal	\$988,831	\$992,611	\$982,611	\$982,611	\$1,056,200		
C. Management Improvements	\$164,869	\$164,869	\$164,869	\$164,869	\$135,000		
D. HA-Wide Nondwelling Structures & Equipment	\$64,000	\$64,000	\$64,000	\$64,000	\$40,000		
E. Administration	\$85,500	\$91,720	\$91,720	\$91,720	\$76,000		
F. Other (Fees & Costs and Relocation)	\$6,000	\$6,000	\$6,000	\$6,000	\$2,000		
G. Operations	\$0	\$0	\$0	\$0	\$0		
H. Demolition	\$0	\$0	\$0	\$0	\$0		
I. Replacement Reserve	\$0	\$0	\$0	\$0	\$0		
J. Mod Used for Development	\$0	\$0	\$0	\$0	\$0		
K. Total OGP Funds	\$1,309,200	\$1,309,200	\$1,309,200	\$1,309,200	\$1,309,200		
L. Total Non-OGP Funds	\$0	\$0	\$0	\$0	\$0		
M. Grand Total	\$1,309,200	\$1,309,200	\$1,309,200	\$1,309,200	\$1,309,200		

Signature of Executive Director and Date: \_\_\_\_\_  
**X Larry Russell**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date: \_\_\_\_\_  
*NC019201*

Part II: Supporting Pages  
Physical Needs Work Statement(s)  
Capital Fund Program Annual Statement

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

OMB Approval No. 2577-0187 (7/27/96)

Work Statement for Year 1	Work Statement for Year 2			Work Statement for Year 2				
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
FY: 01	<b>PHAWBE:</b> Maps, Surveys & A/E Site Plans Tree Maintenance PM Materials Unpackaged Physical Needs Dewatering Equipment Grading Cuts Utility Repair Utility Repairs Computer Equipment Office Equipment Maintenance Equipment Community Space Equipment Automotive Equipment	Total PHA Wide:	\$174,500					
		Administrative Management	\$165,400					
		NC 18-1: WEST END TERRACE: Install tub liners	55 units	\$48,000				
		Total NC 18-1:		\$48,000				
		NC 18-2: WEEKS ARMSTRONG: Install tub liners	100 units	\$70,000				
		Total NC 18-2:		\$70,000				
		NC 18-3: WEST END TERRACE: Install central heat systems	50 units	\$220,500				
		Total NC 18-3:		\$220,500				
		NC 18-4: WEEKS ARMSTRONG: Painting	10 units	\$12,500				
		Total NC 18-4:		\$12,500				
		Subtotal of Estimated Cost		\$846,269	Subtotal of Estimated Cost		\$462,231	
		FY: 02	<b>NC 18-1: SCATTERED SERIES:</b> Replace windows  <b>NC 18-1: MCINTIRE LANE:</b> HVAC					
				50 units	\$172,931			
				Total NC 18-1:		\$172,931		
				50 Units	\$290,000			
Total NC 18-1:				\$290,000				

Five-Year Action Plan  
 Part II: Supporting Pages  
 Physical Needs Work Statement  
 Capital Fund Program Annual Statement

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

OMB Approval No. 2577-0157 (7/21/98)

Work Statement for Year 1	Work Statement for Year 3			Work Statement for Year 3		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost
<b>PHAWIDE:</b> Computer Software Unrepaired Physical Needs Unrepaired Physical Needs Maintenance Vacancy Reports Meter & Sinks A/E Services Consultant Fees Other Equipment Community Space Equipment Maintenance Equipment Pest Control/Termite Service Gas/Leak Detection Dwellling Equipment Non Dwellling Structures Vinyl Repair & Garage Cars Administration Management <b>NC 18.1 WEST END TERRACE:</b> Tub Fans Interior Paint <b>NC 18.2 WHEENS ARMSTRONGS:</b> Landscaping Sidewalk Repair <b>NC 18.3 WEST END TERRACE:</b> Sidewalk & Landscaping	<b>PHAWIDE:</b> 22 units Total NC 19-3:	\$10,000 \$27,000 \$15,000 \$16,000 \$10,000 \$10,000 \$5,000 \$10,000 \$5,000 \$5,000 \$5,000 \$2,000 \$2,000 \$2,000 \$6,000 \$171,000 \$181,720 \$184,889 \$31,450 \$13,500 \$44,950 \$15,000 \$10,000 \$23,000 \$45,000 \$45,000 \$45,000	<b>NC 18.2 WHEENS ARMSTRONGS:</b> Central Air Systems Interior Doors <b>NC 18.3 SCATTERED SITES:</b> Replace windows & Kitchen Cabinets HVAC <b>NC 18.3 MCINTYRE LANE:</b> Landscaping Sidewalk repair	22 units Total NC 18-4: 54 units 198 units Total NC 18-5: Total NC 18-9: Total NC 18-9:	\$39,800 \$27,185 \$24,345 \$331,550 \$292,296 \$823,816 \$5,000 \$3,500 \$3,500	
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		
			\$612,539			\$595,651

Five-Year Action Plan  
 Part II: Supporting Pages  
 Physical Needs Work Statements)  
 Capital Fund Program Annual Statement

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

OMB Approval No. 2577-0187 (7/31/98)

Work Statement for Year 1 FFY: 01	Work Statement for Year 4			Work Statement for Year 4							
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost					
<b>PHIA WIDE:</b> Computer Software Uninspected Physical Needs Non-rotine Vacancy Reports PMA Materials PMA Surveys A and E Services Consultant Fees Office Equipment Community Space Equipment Maintenance Equipment Pest Control/Rentale Services Grant Removal Dwelling Equipment Garbage Cans Vinyl Repair Non-Dwelling Structures Management Administration NC 19-1: WEST END TERRACE: H/W/C Minor Painting Minor Carpentry Lamp fix removal Landscaping NC 19-2: WEEKS ARMSTRONGS: Landscaping Silestone Repair NC 19-3: WEST END TERRACE: Silestone Repair Landscaping	Total PHIA Wide:  Total NC 19-1:  Total NC 19-2:  Total NC 19-3	\$15,000 \$37,000 \$15,000 \$16,000 \$1,000 \$10,000 \$1,000 \$5,000 \$10,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$172,000 \$164,889 \$161,720 \$193,500 \$13,500 \$10,000 \$10,000 \$5,000 \$232,800 \$10,000 \$10,000 \$20,000 \$15,000 \$30,000 \$45,000	NC 19-1: WEST END TERRACE: Interior door closes Central heat NC 19-2: WEEKS ARMSTRONGS: NC 19-3: SCATTERED SITES: Minor repairs Minor replacements HVAC NC 19-3: MONTGOMERY LANE: Silestone Repair Silestone Repair	44 units 22 units Total NC 19-4:  87 units 54 units Total NC 19-5:  as needed as needed as needed Total NC 19-9:	\$68,000 \$86,000 \$161,000 \$146,920 \$160,900 \$12,281 \$344,111 \$5,000 \$5,500 \$8,500						
						Subtotal of Estimated Cost		\$795,885	Subtotal of Estimated Cost		\$513,811



**Five-Year Action Plan  
Part III: Supporting Pages  
Management Needs Work Statement(s)  
Capital Fund Program Annual Statement**

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

OMB Approval No. 2577-0157 (7/3/88)

Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Quantity	Estimated Cost
FFY 01 Development Number/Name/General Description of Major Work Categories ENERGY CONSERVATION CONSULTANT PREVENTIVE MAINTENANCE MANAGEMENT STAFF SALARIES RESIDENT MANAGEMENT EXPENSES DRUG ELIMINATION TRAINING MAANAGEMENT TRAINING MAINTENANCE TRAINING CONSULTANT FEES TELEPHONE SYSTEM STAFF TRAINING: Procurement, Contracting, Financial & Capital Management COMPUTER SOFTWARE MANAGEMENT/UP-GRADE ACCOUNTING & INVENTORY COMPUTER TRAINING STRESS REDUCTION WORKSHOPS FIRE SAFETY TRAINING COMMUNICATION RADIOS IMPROVE PREVENTIVE MAINTENANCE PROGRAM UP-GRADE MAINTENANCE SOFTWARE RESIDENT TRAINING	FFY 02 Development Number/Name/General Description of Major Work Categories ENERGY CONSERVATION CONSULTANT PREVENTIVE MAINTENANCE MANAGEMENT STAFF SALARIES RESIDENT MANAGEMENT EXPENSES DRUG ELIMINATION TRAINING MAANAGEMENT TRAINING MAINTENANCE TRAINING CONSULTANT FEES TELEPHONE SYSTEM STAFF TRAINING: Procurement, Contracting, Financial & Capital Management COMPUTER SOFTWARE MANAGEMENT/UP-GRADE ACCOUNTING & INVENTORY COMPUTER TRAINING STRESS REDUCTION WORKSHOPS FIRE SAFETY TRAINING COMMUNICATION RADIOS IMPROVE PREVENTIVE MAINTENANCE PROGRAM UP-GRADE MAINTENANCE SOFTWARE RESIDENT TRAINING	FFY 03 Development Number/Name/General Description of Major Work Categories ENERGY CONSERVATION CONSULTANT PREVENTIVE MAINTENANCE MANAGEMENT STAFF SALARIES RESIDENT MANAGEMENT EXPENSES DRUG ELIMINATION TRAINING MAANAGEMENT TRAINING MAINTENANCE TRAINING CONSULTANT FEES TELEPHONE SYSTEM STAFF TRAINING: Procurement, Contracting, Financial & Capital Management COMPUTER SOFTWARE MANAGEMENT/UP-GRADE ACCOUNTING & INVENTORY COMPUTER TRAINING STRESS REDUCTION WORKSHOPS FIRE SAFETY TRAINING COMMUNICATION RADIOS IMPROVE PREVENTIVE MAINTENANCE PROGRAM UP-GRADE MAINTENANCE SOFTWARE RESIDENT TRAINING		Subtotal of Estimated Cost \$145,000
				Subtotal of Estimated Cost \$145,000

**Five-Year Action Plan  
Part III: Supporting Pages  
Management Needs Work Statement(s)  
Capital Fund Program Annual Statement**

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

OHA Approval No. 2577-0197 (7/31/89)

Work Statement for Year 1	Work Statement for Year 4	Work Statement for Year 5	
FY 01	FY 04	FY 05	
Development Number/Name/General Description of Major Work Categories	Development Number/Name/General Description of Major Work Categories	Development Number/Name/General Description of Major Work Categories	
ENERGY CONSERVATION CONSULTANT PREVENTIVE MAINTENANCE MANAGEMENT STAFF SALARIES RESIDENT MANAGEMENT EXPENSES DRUG ELIMINATION TRAINING MANAGEMENT TRAINING MAINTENANCE TRAINING CONSULTANT FEES TELEPHONE SYSTEM STAFF TRAINING: Procurement, Contracting, Financial & Capital Management COMPUTER SOFTWARE MANAGEMENT/UP-GRADE ACCOUNTING & INVENTORY COMPUTER TRAINING STRESS REDUCTION WORKSHOPS FIRE SAFETY TRAINING COMMUNICATION RADIOS IMPROVE PREVENTIVE MAINTENANCE PROGRAM UP-GRADE MAINTENANCE SOFTWARE RESIDENT TRAINING	ENERGY CONSERVATION CONSULTANT PREVENTIVE MAINTENANCE MANAGEMENT STAFF SALARIES RESIDENT MANAGEMENT EXPENSES DRUG ELIMINATION TRAINING MANAGEMENT TRAINING MAINTENANCE TRAINING CONSULTANT FEES TELEPHONE SYSTEM STAFF TRAINING: Procurement, Contracting, Financial & Capital Management COMPUTER SOFTWARE MANAGEMENT/UP-GRADE ACCOUNTING & INVENTORY COMPUTER TRAINING STRESS REDUCTION WORKSHOPS FIRE SAFETY TRAINING COMMUNICATION RADIOS IMPROVE PREVENTIVE MAINTENANCE PROGRAM UP-GRADE MAINTENANCE SOFTWARE RESIDENT TRAINING	ENERGY CONSERVATION CONSULTANT PREVENTIVE MAINTENANCE MANAGEMENT STAFF SALARIES RESIDENT MANAGEMENT EXPENSES DRUG ELIMINATION TRAINING MANAGEMENT TRAINING MAINTENANCE TRAINING CONSULTANT FEES TELEPHONE SYSTEM STAFF TRAINING: Procurement, Contracting, Financial & Capital Management COMPUTER SOFTWARE MANAGEMENT/UP-GRADE ACCOUNTING & INVENTORY COMPUTER TRAINING STRESS REDUCTION WORKSHOPS FIRE SAFETY TRAINING COMMUNICATION RADIOS IMPROVE PREVENTIVE MAINTENANCE PROGRAM UP-GRADE MAINTENANCE SOFTWARE RESIDENT TRAINING	
Subtotal of Estimated Cost	\$118,000	Subtotal of Estimated Cost	\$116,000

**Public Housing Drug Elimination Program Plan**

**Note:** This PHDEP Plan for plan HUD 50075-PHDEP Plan is to be completed in accordance with instructions found in applicable PHDEP Plan.

**Annual PHDEP Plan Table of Contents:**

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$ 176,043.00
- B. Eligibility type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R x
- C. FFY in which funding is requested 2001
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than the 250 summary limit.

**E. Target Areas**

Identify the PHDEP Target Areas (development(s) or site) to be served by the PHDEP Plan. The PHDEP Plan must include the PHDEP Target Areas and the PHDEP Plan must include the PHDEP Plan.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
West End Terrace	372	901
Weeks Armstrong	394	1,204

**F. Duration of Program**

Indicate the duration of the PHDEP Plan. The PHDEP Plan must include the PHDEP Plan.

- 6 Months \_\_\_\_\_ 12 Months \_\_\_\_\_ 18 Months x 24 Months \_\_\_\_\_ Other \_\_\_\_\_

NC019E01a

NC019E01a

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "X" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed but as the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "CE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995 1996	250,000	NC19DEP0190196	-0-		Complete
FY 1996 1997	209,000	NC19DEP0190197	-0-		Complete
FY 1997 1998	230,100	NC19DEP0190198	-0-		Complete
FY 1998 1999	168,914	NC19DEP0190199	54,427		12-2001
FY 1999 2000	176,043	NC19DEP0190200	176,632		9-2001

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In brief and to the point, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	39,313
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	126,730
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	10,000
<b>TOTAL PHDEP FUNDING</b>	<b>176,043</b>

**C. PHDEP Plan Goals and Activities**



<b>9110 - Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$</b> \$39,313	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.			9/2001	9/2002	39,313	-0-	
2.							
3.							

<b>9120 - Security Personnel</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.	2100	RMHA	9/2001	5/2002	126,730	-0-	
2.							
3.							

9170 - Drug Intervention					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHEDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHEDEP Funds: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.			9/2003	9/2007	10,000	-0-	
2.							
3.							

**Section 3: Expenditure/Obligation Milestones**

*(This section is intentionally left blank for the user to provide expenditure and obligation milestones for the grant activities.)*

<b>Budget Line Item #</b>	<b>25% Expenditure of Total Grant Funds By Activity #</b>	<b>Total PHEDEP Funding Expended (sum of the activities)</b>	<b>50% Obligation of Total Grant Funds by Activity #</b>	<b>Total PHEDEP Funding Obligated (sum of the activities)</b>
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	39,313	39,313		39,313
9120				
9130				
9140				
9150				
9160	126,730	126,730		126,730
9170				
9180				
9190	10,000	10,000		10,000
<b>TOTAL</b>		<b>\$ 176,043</b>		<b>\$ 176,043</b>

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**Section 4: Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the "PHA Certifications of Compliance with the PHA Plan and Related Regulations."

**Certification of Payments  
to Influence Federal Transactions**

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

ROCKY MOUNT HOUSING AUTHORITY

Applicant Name

Program/Activity Receiving Federal Grant Funding

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-L.L.L. Disclosure Form to Report Lobbying, in accordance with its instructions.

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

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

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

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

Name of Authorized Official

Title

Larry Russell

Executive Director

Signature

Date

X

December 8, 2000

Previous edition is obsolete

Form HUD 80071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7495.3

nc019e01g

**Certification for  
a Drug-Free Workplace**

U.S. Department of Housing  
and Urban Development

ROCKY MOUNT HOUSING AUTHORITY

Applicant Name

Program/Activity Receiving Federal Grant Funding

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.)

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 Larry Russell	Title Executive Director
Signature 	Date December 8, 2000

X

Form HUD-8007G (3/88)  
ref Handbook 7417 1 7475 1R 7485 1 A 3

nc019e01h

## Disclosure of Lobbying Activities

Approved by OMB 0948-0048

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse side for instructions and Public Reporting burden statement)

<b>1. Type of Federal Action</b> <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	<b>2. Status of Federal Action</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only</b> year (yyyy) _____ quarter _____ date of last report (mm/dd/yyyy) _____
<b>4. Name and Address of Reporting Entity</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee    Tier _____, if known  Congressional District, if known _____	<b>6. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime</b>  Congressional District, if known _____	
<b>8. Federal Department/Agency</b>	<b>7. Federal Program Name/Description</b>  CFDA Number, if applicable _____	
<b>5. Federal Action Number, if known</b>	<b>9. Award Amount, if known</b> \$ _____	
<b>10a. Name and Address of Lobbying Registrant</b> (If individual, last name, first name, MI)	<b>b. Individuals Performing Services</b> (including address if different from No. 10a.) (last name, first name, MI)	
(attach continuation sheet(s) if necessary)		
<b>11. Amount of Payment (check all that apply)</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply)</b> <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) _____	
<b>12. Form of Payment (check all that apply)</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>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</b> <p style="text-align: center;">N/A</p>		
(attach continuation sheet(s) if necessary)		
<b>16. Continuation sheets attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by Sec. 319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the 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 semiannually 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.</b>	Signature _____ Print Name <b>Larry Russell</b> Title <b>Executive Director</b> Telephone No. <b>252-977-3141</b> Date (mm/dd/yyyy) <b>12/08/00</b>	

**Federal Use Only:** \_\_\_\_\_ Authorized for Local Reproduction  
Standard Form-LLL (7/97)

nc019e01i

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**Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1362. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-80-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just the time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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Public Reporting Burden for this collection of information is estimated to average 30 minutes 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. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0048), Washington, DC 20503.

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Standard Form-LLL (7/87)

nc019e01j

**Public Housing Drug Elimination Program Plan**

**Note:** This PHDEP Plan (HUD 50075-PHDEP Plan) is to be completed in accordance with instructions found in applicable PHDEP Plan.

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Identify the PHDEP Target Areas (development(s) or site) to be served by the PHDEP Plan. The PHDEP Target Areas must be identified in the PHDEP Plan. The PHDEP Target Areas must be identified in the PHDEP Plan. The PHDEP Target Areas must be identified in the PHDEP Plan.

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West End Terrace	372	901
Weeks Armstrong	394	1,204

**F. Duration of Program**

Indicate the duration of the PHDEP Plan. The PHDEP Plan must be for a minimum of six (6) months and a maximum of twenty-four (24) months.

- 6 Months \_\_\_\_\_ 12 Months \_\_\_\_\_ 18 Months x 24 Months \_\_\_\_\_ Other \_\_\_\_\_

NC019E01a

NC019E01a

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Indicate each FY that funding has been received under the PHDEP Program (place an "X" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed but as the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "X" in column or "W" for waivers.

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FY 1997 1998	230,100	NC19DEP0190198	-0-		Complete
FY 1998 1999	168,914	NC19DEP0190199	54,427		12-2001
FY 1999 2000	176,043	NC19DEP0190200	176,632		9-2001

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In brief and to the point, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	39,313
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	126,730
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	10,000
<b>TOTAL PHDEP FUNDING</b>	<b>176,043</b>

**C. PHDEP Plan Goals and Activities**



<b>9110 - Reimbursement of Law Enforcement</b>					<b>Total PHDEP Funding: \$</b> \$39,313		
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.			9/2001	9/2002	39,313	-0-	
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.	2100	RMHA	9/2001	5/2002	126,730	-0-	
2.							
3.							

9170 - Drug Intervention					Total PHEDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.			9/2003	9/2007	10,000	-0-	
2.							
3.							

**Section 3: Expenditure/Obligation Milestones**

*(This section is intentionally left blank for the user to provide expenditure and obligation milestones for each activity.)*

<b>Budget Line Item #</b>	<b>25% Expenditure of Total Grant Funds By Activity #</b>	<b>Total PHDEP Funding Expended (sum of the activities)</b>	<b>50% Obligation of Total Grant Funds by Activity #</b>	<b>Total PHDEP Funding Obligated (sum of the activities)</b>
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	39,313	39,313		39,313
9120				
9130				
9140				
9150				
9160	126,730	126,730		126,730
9170				
9180				
9190	10,000	10,000		10,000
<b>TOTAL</b>		<b>\$ 176,043</b>		<b>\$ 176,043</b>

---

**Section 4: Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the "PHA Certifications of Compliance with the PHA Plan and Related Regulations."

**Certification of Payments  
to Influence Federal Transactions**

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

ROCKY MOUNT HOUSING AUTHORITY

Applicant Name

Program/Activity Receiving Federal Grant Funding

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-L.L.L. Disclosure Form to Report Lobbying, in accordance with its instructions.

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

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

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

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

Name of Authorized Official

Title

Larry Russell

Executive Director

Signature

Date

X

December 8, 2000

Previous edition is obsolete

Form HUD 80071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7495.3

nc019e01g

**Certification for  
a Drug-Free Workplace**

U.S. Department of Housing  
and Urban Development

ROCKY MOUNT HOUSING AUTHORITY

Applicant Name

Program/Activity Receiving Federal Grant Funding

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.)

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 Larry Russell	Title Executive Director
Signature 	Date December 8, 2000

X

Form HUD-8007G (3/88)  
ref Handbook 7417 1 7475 1R 7485 1 A 3

nc019e01h

## Disclosure of Lobbying Activities

Approved by OMB 0948-0048

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse side for instructions and Public Reporting burden statement)

<b>1. Type of Federal Action</b> <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	<b>2. Status of Federal Action</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only</b> year (yyyy) _____ quarter _____ date of last report (mm/dd/yyyy) _____
<b>4. Name and Address of Reporting Entity</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee      Tier _____, if known  Congressional District, if known _____	<b>6. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime</b>  Congressional District, if known _____	
<b>8. Federal Department/Agency</b>	<b>7. Federal Program Name/Description</b>  CFDA Number, if applicable _____	
<b>5. Federal Action Number, if known</b>	<b>9. Award Amount, if known</b> \$ _____	
<b>10a. Name and Address of Lobbying Registrant</b> (If individual, last name, first name, MI)	<b>b. Individuals Performing Services</b> (including address if different from No. 10a.) (last name, first name, MI)	
(attach continuation sheet(s) if necessary)		
<b>11. Amount of Payment (check all that apply)</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply)</b> <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) _____	
<b>12. Form of Payment (check all that apply)</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>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</b>  <p style="text-align: center;">N/A</p>		
(attach continuation sheet(s) if necessary)		
<b>16. Continuation sheets attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by Sec. 319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the 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 semiannually 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.</b>	Signature _____ Print Name <b>Larry Russell</b> Title <b>Executive Director</b> Telephone No. <b>252-977-3141</b> Date (mm/dd/yyyy) <b>12/08/00</b>	

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Standard Form-LLL (7/97)

nc019e01i

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**Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1362. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-80-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just the time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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Public Reporting Burden for this collection of information is estimated to average 30 minutes 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. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0048), Washington, DC 20503.

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nc019e01j

MINUTES OF THE MEETING OF THE  
RESIDENT ADVISORY BOARD

ATTACHMENT F

January 18, 2001  
Jazzy's Restaurant

Attending: Officer Bern, Connor Vick, Anna Batts, Minnie Knight, Katie Jenkins, Andrea Hendricks, Larry Russell, Joe Copeland, Antonio Stephens, Ann Harrison, Pamela Knight, Toni Child and Bonita Allen-Watson

Mr. Vick called the meeting to order by informing all present this meeting is to finalize the Annual Plan to be in compliance with the Quality Housing and Work Responsibility Act by receiving any further resident in-put for the Plan. Mr. Russell, Executive Director, reminded the Board an overview of the QHWR and all Resident Programs funded through the Drug Grant were discussed at the regular October, November and December monthly meetings. The in-put of the Board was asked for, received and made a part of the Annual Plan.

Mr. Vick continued the meeting by discussing the following with the Board:

1. Youth Council.....see attached
2. Crime Reduction In Housing.....see attached
3. Annual Income Tax Credit.....see attached
4. Upward Bound Program.....see attached
5. Crime Static's for 1999-2000.....see attached

Mrs. Toni Child, Director of Facilities, also addressed the Board in regards to ongoing projects that are in the Five Year Plan. New kitchens, bathrooms, doors and security screens are presently being installed. She also talked about the Demolition Application of 108 units in Weeks Armstrong Community that is now being processed. In February, 26 units will be demolished and 36 will be renovated.

Mrs. Child also informed the Board about some land that was donated to the RMHA is under development to replace some of the homes that are being demolished. She thanked the Board for their on going support.

Ms. Minnie Knight, Board President, thanked the RMHA staff for their care and love of the communities.

Mr. Russell reminded the Board, even though it had been printed in the newsletter and sent to all residents, of the Public Hearing to discuss the Fiscal Year 2001 Annual Plan will be Monday, January 22<sup>nd</sup>, 4:00pm at the Hyman Battle Community Center and asked all to attend if possible.

In closing, the Board agreed to write a letter to the RM Police Department thanking them for all of their hard work in making our Communities a safe place to live (see attached).

Meeting was adjourned!

NO019F01

**RESIDENT MANAGEMENT ADVISORY BOARD (RMAB)  
OFFICERS AND MEMBERS**

**OFFICERS**

*Minnie Knight, President  
RMHA Board of Commissioner  
154 B Otis Lane  
Rocky Mount, NC 27801*

*Anna Mae Batts, Secretary  
1205 A. Raleigh Road  
Rocky Mount, NC 27803*

*Annie Scott, Treasurer  
1011 Parham Street  
Rocky Mount, NC 27803*

**MEMBERS**

*Calvenia Jenkins  
102 Manning Court  
Rocky Mount, NC 27803*

*Darlene Moss  
1106 Parham Street  
Rocky Mount, NC 27803*

*Delois Green  
844 Evergreen Road  
Rocky Mount, NC 27803*

*Katie Jenkins  
931 Tessie Street, Apt. 203  
Rocky Mount, NC 27801*

*Annie Lawrence  
863 Evergreen Road  
Rocky Mount, NC 27803*

*Pamela Knight  
1450 Hunter Street  
Rocky Mount, NC 27801*

*Cara Martin  
1002 Stokes Avenue  
Rocky Mount, NC 27801*

*Lakya Macklin  
1522 Clark Street  
Rocky Mount, 27801*

## **ATTACHMENT G**

### **STATEMENT OF PROGRESS**

**In striving to achieve the mission and goals of the Rocky Mount Housing Authority (RMHA) the agency has done the following in FY 2000:**

- **Applied and was awarded Emergency Disaster Funds to address 264 units impacted by the 1999 Flood;**
- **Successfully closed out the 1998 Drug Elimination Grant;**
- **Acquired Land through a donation to build multifamily units;**
- **Acquired thirty-six (36) additional Section 8 Vouchers;**
- **Partnership with various agencies for supportive services;**
- **Expanded outreach efforts to increase applications for housing programs via newspaper and postings;**
- **Established a Youth Advisory Board.**

**ATTACHMENT H**

**COMPONENT # 1**

**1. STATEMENT OF HOUSING NEEDS**

**A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

*According to the Rocky Mount's Down East Home Consortium: Consolidated Plan (DEHC) dated 1997-2002, the DEHC consists of ten (10) jurisdictions within both Nash and Edgecombe Counties, North Carolinas. The total estimated population in the DEHC jurisdictions is 140,227.*

*Rocky Mount Housing Authority (RMHA) has apartments in 4 census tracts; 102, 103, 105.01, and 204. The Housing Needs of Families in the Jurisdictions by Family type are reflected herein.*

*RMHA along with the of City of Rocky Mount and other local non-profits will make a sound effort to address the housing need of families in Rocky Mount over the next five (5) years as stated herein.*

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**NC019G01**

ATTACHMENT I

COMPONENT # 5

STATEMENT OF ROCKY MOUNT HOUSING AUTHORITY'S  
OPERATION AND MANAGEMENT

*To ensure proper operation and management of Rocky Mount Housing Authority's (RMHA's) housing units, the following information is attached:*

*Part I*

*Policy Title*

1. *Admissions & Continued  
Occupancy Policy  
( Policy on file for public review)*
2. *Maintenance Plan  
(Plan on File for public review)*
3. *Procurement Policy  
(Plan on file for public review)*

*Part II*

*PROGRAMS ADMINISTERED BY RMHA*

- a. *Convention Housing, Section 8; and New Construction Chart.(Budgets to be submitted to HUD and on display for public review)*
- b. *Resident Initiative Programs*
  1. *Family Self Sufficiency*

*Maximum program size is 35. This program offers assistance to S/8 participants interested in developing job skills and/or educational skills. (FSS Action Plan is on display for public review)*

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(1)

2. *Public Housing Drug Elimination Program*

*Through this program, Rocky Mount Housing Authority (RMHA) offers program aimed at drug use prevention for youth and adults.*

*RMHA has received funding for various programs over the past 7 years.*

*A list of current programs and progress reports are attached. (Program update on display for public review)*

3. *RMHA's Organizational Chart*

*Currently RMHA has thirty-three (33) full-time employees. (RMHA's organizational chart is on display for review)*

4. *Facilities Management/Maintenance Plan*

*Facilities Management/Maintenance Planning both play a major role in the overall efficiency of RMHA operation. The complexity of the job covers such items as the number of units in the inventory, the age of the units, location of the units, work order procedures, emergency response, and more. (The Maintenance Plan is on display for public review)*

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(2)

ATTACHMENT J

COMPONENT #11

STATEMENT OF ANY HOMEOWNERSHIP PROGRAM  
ADMINISTERED BY ROCKY MOUNT HOUSING AUTHORITY

*This statement describes steps taken by Rocky Mount Housing Authority (RMHA) to address its homeownership programs.*

*Over the past six (6) years RMHA has made three (3) attempts to create additional public housing units and the third for 202 Elderly housing. None of the three applications were approved.*

*Within the past two years, RMHA purchased a 3 bedroom single family home under the 203 (k) program and sold it within a four month period. There has not been any attempt to acquire additional 203 (k) units because of funding and man hours to address.*

*In 1997 RMHA formed a non-profit 501 3 C named South Eastern North Carolina Community Development Corporation (SENCCDC). The primary goal of this corporation is to (1) create affordable housing units and (2) help residents in creating business.*

*Several homeownership workshops have conducted by RMHA and SENCCDC over the past three (3) years.*

*RMHA will continue to explore every reasonable means to create ownership opportunities for Residents.*

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**NC019I01**

ATTACHMENT K

COMPONENT # 12

A STATEMENT OF RMHA'S COMMUNITY SERVICE AND SELF-SUFFICIENCY PROGRAMS

*In terms of Rocky Mount Housing Authority's Community Service Program, the Resident Advisory Board participated in determining how the Community Service Requirement will be implemented. Several meetings were held:*

- 1. To explain the New Housing Act*
- 2. To solicit input in developing a Five Year and Annual Plan.*

*The Resident Advisory Board recommended that RMHA identify area non-profits who will be willing to allow Residents to perform the Community Service.*

*Housing Management will track all Community Service Activities.*

*On June 10, 1997 the RMHA Board of Commissioners approved two important resolutions encourage Resident to input and support Administrative actions to develop economic development programs.*

*Currently RMHA has a Resident who has been a commissioner for more than ten (10) years (Lucille Powell). North Carolina Legislature amended General Statutes 157 to comply with the HUD Resident Commissioner Requirement.*

OTHER ECONOMIC DEVELOPMENT PROGRAMS

- 1. Janitorial Entrepreneurial Training (JET)*

*RMHA contracted with South Eastern North Carolina Community Development Cooperation (SENCDC) to assist residents in reactivating their janitorial business. The primary goals of the program are:*

- a. Business Management Training*

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(1)

- b. To get work contracts and;*
- c. Employ Residents*

2. *Restaurant Business (Jazzy's)*

*On July 5, 1999 RMHA opened a restaurant specializing in Southern food. As of July 21, 1999, eleven (11) of the fifteen (15) are Residents. The primary goals are:*

- a. To give Residents and citizens a job;*
- b. To enhance the employee's job skills; and*
- c. To generate a positive net cash to support future affordable housing programs.*

3. *Employing Residents (Section 3)*

*Over the past five (5) years, RMHA has made efforts to employ residents.*

*Steps are ongoing throughout FY 2000 to implement all of the above community service and self- sufficiency programs.*

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(2)

[REDACTED]

**WORK FIRST  
TANF**

[REDACTED]

(1)

Verification of Participation

To the Executive Director:

Housing Authority of Resident Management Corporation

Name of Client: Ms. Sandra D. Harder Social Security # 158 521505

In accordance with HUD's regulations at 24 CFR §92.216(a), the client named above has requested that we provide you with written verification of factors that affect their annual income eligibility and rent calculation. This form is being provided so that HUD may comply with the regulations of the Family Support Act (42 U.S.C. 1437f) with regards to verifying participation by any other public housing resident in a qualified training program.

The client named above is a: (Check one)

- Resident of one of your public housing developments.
- Applicant for admission to public housing.
- Participant in your Section 8 certificate or voucher program.
- Applicant for assistance under your Section 8 certificate or voucher program.

The above named client is a participant in the Work First Employment Services Program.

Date of Entrance: July 29, 1999

**PUBLIC HOUSING AND SECTION 8 CERTIFICATE OR VOUCHER.** The Work First Employment Services Program is a State or local employment training program with clearly defined goals and objectives. (24 CFR §9.409(c)(8)(iv)). This regulation allows income exclusion for the training period of participation in a qualified training program.

**PUBLIC HOUSING ONLY FOR ADDITIONAL 18 MONTH EXCLUSION.** The Work First Employment Services Program qualifies as an employment and training and supportive services program. (24 CFR §9.409(c)(12)). This regulation allows an exclusion of rent received from employment for eighteen months if the resident has completed a qualified training program.

Date participant completed training: \_\_\_\_\_

Date participant entered employment: July 29, 1999

Signature: Stephen E. Brunel Date: August 3, 1999

Title: Senior Worker II  
985-5061

OSS, Economic Independence Section  
Issued February, 1999

NC 219902

ATTACHMENT M

COMPONENT # 13

STATEMENT OF RMHA'S SAFETY AND CRIME PREVENTION  
MEASURES

*Rocky Mount Housing Authority has been awarded for seven straight years drug elimination funds. The funds have been used to reduce crime and drug use in all communities, thus recreating safer communities.*

*In terms of lease enforcement, on October 8, 1996, RMHA Board of Commissioners passed a "One Strike and You're out" Policy. In addition, RMHA has assigned police officers to work in its communities. The combination of various drug grant programs and lease enforcement has significantly reduce crime in all RMHA communities. However, without ongoing financial support, crime will go will definitely be increased.*

*RMHA has received numerous HUD Awards for its drug elimination programs; Computer Learning Center, Best Practices, etc.*

*Steps will be taken to continue and or implement drug prevention programs throughout FY 2001.*

NC019LO1

(1)

**ROCKY MOUNT HOUSING AUTHORITY**  
**ROCKY MOUNT, NORTH CAROLINA**  
**LARRY RUSSELL, EXECUTIVE DIRECTOR**

**PHA Safety and Crime Prevention Measures**

**5 Year and Annual Goals and Objectives**

**1. To Maintain Maximum Operational Effectiveness**

- A. HUD Standard Form 269A (Financing) is completed by Grant Coordinator and submitted to HUD office every six months. See attached for period ended 6-30-99.**
- B. All activities for active PHDEP will be outlined and submitted to HUD every six months by Grant Coordinator.**
- C. All other reports required by HUD will be submitted timely by Grant Coordinator.**
- D. Reports for all PHDEP Grants, when closed out, will be submitted timely by Grant Coordinator.**
- E. A monthly report will be submitted by Community Police Officers to Grant Coordinator showing Crime Statistics, Part 1, Part 2 Crimes and Total Calls For Service.**
- F. The Grant Coordinator and RMHA Staff will use this report to track crime in RMHA Communities.**
- G. All programs funded by PHDEP Grants will submit a monthly report to Grant Coordinator. Changes in programs**

*and policies will be ongoing for compliance with HUD Regulations.*

*H. All requirements assigned under QHWRA will be completed before October 1, 1999.*

(2)

*2. To increase the knowledge of Staff and Residents concerning PHDEP.*

*A. The RMHA has in the past and will in the future, stress the importance of Resident involvement in the planning and preparation of all Grant Application.*

*B. Residents will be surveyed as to their perception and support of the drug elimination grant strategies proposed to the survey questionnaire, the results of which were taken into consideration in preparing all PHDEP.*

*C. Meetings with residents and RMHA Staff routinely communicated drug elimination ideas, strategies and areas needed improvement with Rocky Mount Police Department officials and other members of the RMHA. The strategy and concept proposed in our drug applications have been the focus of many of these meetings.*

*D. Resident input provided the backbone from which the all drug elimination programs were developed.*

*E. "Resident News", the official bi-monthly publication of the RMHA, will carry front page news articles requesting input from our residents for programs for our Drug Grants.*

### GOALS

*Our goal is to make RMHA'S developments national models for livability for medium sized public housing agencies. In an effort to achieve this goal, we have developed a strategy that has the major components relating to prior and existing*

*efforts, proposed activities without grant assistance and proposed activities with grant assistance.*

*We believe it is our mission to provide a safe, secure and supportive environment for all socially and economically disadvantaged young adults in which:*

(3)

- I. There is a profound respect for the intelligence and decision making ability of young adults.*
- II. Resources are provided to reverse the impact and experiences that have limited the achievement of their full potential.*
- III. Young adults are empowered spiritually and intellectually to make decisions and take responsibility for their lives, their families and their communities.*
- IV. Young adults learn and take pride in their individual cultural background while simultaneously learning to respect and appreciate the many diverse cultures that make up our society.*
- V. Leadership development, education and skills training are combined to prepare young adults to take advantage of existing economic opportunities, create new ones and further their education.*
- VI. The importance of community service, compassion for and a genuine desire to help others, is a philosophy in all young adults.*

## **RESULTS**

*The focus of our programs is on prevention rather than treatment; specifically promoting programs that build strengths and address causes rather than symptoms. A major goal of the program is to expand effective outreach to more youth who are most vulnerable because they feel inadequate, inferior, or insecure*

*and have no support systems.*

*The following are ten (10) demonstratable quantifiable results with previous or ongoing anti-crime/anti-drug programs:*

- 1. To give public housing children a technologically advanced, educational environment which will provide new possibilities for learning, thinking and growing.*
- 2. To improve self-esteem, self-confidence, and self-image for each participant.*
- (4)*
- 3. To break down barriers, overcome prejudices and to work together for the benefit of all residents in our community.*
- 4. To improve discipline and respect.*
- 5. To eliminate violent crime, drug trafficking and drug-related crime from targeted, high-crime neighborhoods.*
- 6. To improve the performance of children in schools.*
- 7. To expand educational and career opportunities for all participants.*
- 8. To develop and enhance parenting and family support skills to at-risk families.*
- 9. To teach participants that they have a choice and they are responsible for that choice.*
- 10. To make learning more interesting and fun. "Learn by doing."*

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(5)

**ROCKY MOUNT HOUSING AUTHORITY**  
**ROCKY MOUNT, NORTH CAROLINA**  
**LARRY RUSSELL, EXECUTIVE DIRECTOR**

***D. Additional information as required by PHDEP Plan***

***PHA's eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.***

***X  Yes   No: Is the PHA eligible to participate in the PHDEP in the fiscal year***

***covered by this PHA Plan?***

***X  Yes   No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?***

***X  Yes   No: The PHDEP Plan is an Attachment.***

***(Attachment Filename: A:\NC019E01)***

(6)

**YOUTH ACTIVITIES**

*The Rocky Mount Housing Authority (RMHA) has a long history in designing programs to meet the needs of at-risk youth. Highly successful community based approaches, such as Learning Is Fun Today (LIFT), Helping Equip Little People (HELP), Tutorial Opportunity Program (TOP), Students Taking Action Not Drugs (STAND) Uniting Neighborhoods by Involving Teens and Youths (UNITY), and expanded education programs, have been credited with improving the quality of life for young people. It is upon this proven track record that the RMHA will cooperatively work with other community agencies and institutions to provide leadership and guidance to impact the lives of at-risk youth.*

*The focus of our youth programs is on prevention rather than treatment; specifically promoting programs that build strengths and address causes rather than symptoms. A major goal of the program is to expand effective outreach to more youth who are most vulnerable because they feel inadequate, inferior, or insecure and have no support systems.*

*The youth programs for FY 2001 are Golf, Tennis, Gym, Swimming, Honor Roll, Program Title S.T.A.R.S., Students Taking A Right Stand, L.I.F.T., Learning Is Fun Today, H.E.L.P., Helping Equip Little People, Girl Scout, Choral Group, Drill Team and Computer Learning Center.*

*Participants must be drug free and willing to sign a statement on youthful drug abuse furnished by Rocky Mount Housing Authority.*

*The components of the programs teach the youth: agility and carefully orchestrated teamwork: no matter which sport you play, set high standards and inspire loyalty: play by the rules and be dedicated to the highest standards and goals: never stop striving to improve, whether playing a sport or simply living.*

**“IT IS BETTER TO EDUCATE NOW THAN TO INCARCERATE LATER.”**

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(7)

**ROCKY MOUNT HOUSING AUTHORITY  
ROCKY MOUNT, NORTH CAROLINA**

**SELECTED CALLS FOR SERVICE IN HOUSING AUTHORITY AREAS**

**EVENT**

**WEST END TERRACE**

**1-1-99 TO 6-30-99**

**1-1-00 TO 6-30-00**

Assault	3	1
Burglary	12	6
Damage to property	62	34
Disturbance	19	13
Narcotic	10	12
Larceny	33	18

**WEEKS ARMSTRONG**

	<u>1-1-99 TO 6-30-99</u>	<u>1-1-00 TO 6-30-00</u>
Assault	9	5
Burglary	11	12
Damage to property	150	67
Disturbance	83	42
Narcotic	36	22
Larceny	13	10

SCATTERED SITES

	<u>1-1-99 TO 6-30-99</u>	<u>1-1-00 TO 6-30-00</u>
Assault	0	3
Burglary	4	3
Damage to property	27	11
Disturbance	14	16
Narcotic	7	11
Larceny	8	5

Source: Rocky Mount Police Department

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ATTACHMENT N

**COMPONENT # 14**

**STATEMENT OF HOUSING AUTHORITY'S POLICIES AND RULES  
REGARDING OWNERSHIP OF PETS IN PUBLIC HOUSING**

*Rocky Mount Housing Authority (RMHA) revised its pet policy in September of 1999 effective October 1, 1999. A copy is on display for public view.*

**NC019M01**

**Agency Annual Plan**

HOUSING AUTHORITY \_\_\_\_\_

**Component (o) Civil Rights Certification**

**January 1, 2001**

The Housing Authority of hereby certifies that all programs and activities included in the Authority's Five Year and Annual Plans will be carried out in full compliance 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.

In addition, the Housing Authority confirms that to affirmatively further fair housing, the Authority has reviewed programs and activities to identify any impediments to fair housing choice and finding none, further certifies that it will continue to be cognizant of any impediments and work with the City/County to implement initiatives to further fair housing in the jurisdiction.

*/s/*  
Housing Authority of \_\_\_\_\_

By: \_\_\_\_\_ Date: 12-20-01

Its

Approved as to Form:

General Counsel \_\_\_\_\_

NC019N01

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**Resolution No. 2 (2001)**  
**Approving Rocky Mount Housing Authority (RMHA) Five (5) Year and**  
**Annual Plan**

**WHEREAS, in accordance with the Quality Housing and Work Responsibility Act of 1998 (QHWRA) Public Housing Authorities are required to develop and implement a Five (5) Year Plan and Annual Plan; and**

**WHEREAS, because RMHA's fiscal year ends December 2000, the required Annual Plan must be submitted to HUD in December 2000 for implementation January 1, 2001; and**

**WHEREAS, the Executive Director did solicit Residents and the general public comments and input; and**

**WHEREAS, the Executive Director is recommending the RMHA approve certification of compliance with HUD's requirements of QHWRA;**

**NOW THEREFORE BE RESOLVE, Rocky Mount Housing Authority Board of Commissioners does hereby approve the attached Certification of Compliance with QHWRA and the Five Year and Annual Plan for FY 2001 as presented by the Executive Director.**

**Date Adopted:** January 23, 2001

**Distribution:     Housing Urban Development (HUD)**  
**Housing Management Department**  
**Resident Advisory Board**  
**Post**  
**File**

*NC19N01a*

**PHA Certifications of Compliance with the PHA Plans  
and Related Regulations  
Board Resolution to Accompany the 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 Plan and Annual Plan for PHA fiscal year beginning 2001, 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 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 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.
4. 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.
5. The PHA 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.
6. 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.
7. For PHA Plan that includes a policy for site-based waiting lists:
  - The PHA regularly submits required data to HUD's MTCs in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - 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).

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

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8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. 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.
10. 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.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
13. For PHA Plan that includes a PHDEP Plan as specified in 24 CFR 761.21: The PHDEP Plan is consistent with and conforms to the "Plan Requirements" and "Grantee Performance Requirements" as specified in 24 CFR 761.21 and 761.23 respectively and the PHA will maintain and have available for review/inspection (at all times), records or documentation of the following:
  - Baseline law enforcement services for public housing developments assisted under the PHDEP plan;
  - Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);
  - Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;
  - Coordination with other law enforcement efforts;
  - Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and
  - All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.
14. 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.
15. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
16. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
17. 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.
18. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
19. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
20. 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) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
21. 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.

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

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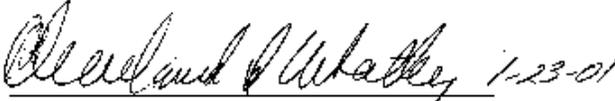
22. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and attachments at the primary business 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.

Rocky Mount Housing Authority

NC019

PHA Name

PHA Number

  
Signed/Dated by PHA Board Chair or other authorized PHA official

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

I, Stephen W. Raper the City Manager for Rocky Mount certify  
that the Five Year and Annual PHA Plan of the Rocky Mount Housing Authority is  
consistent with the Consolidated Plan of Down East NCDCS Consortium prepared  
pursuant to 24 CFR Part 91.

X  1-15-01  
Signed / Dated by Appropriate State or Local Official

MINUTES OF THE MEETING OF THE  
RESIDENT ADVISORY BOARD

ATTACHMENT F

January 18, 2001  
Jazzy's Restaurant

Attending: Officer Bern, Connor Vick, Anna Batts, Minnie Knight, Katie Jenkins, Andrea Hendricks, Larry Russell, Joe Copeland, Antonio Stephens, Ann Harrison, Pamela Knight, Toni Child and Bonita Allen-Watson

Mr. Vick called the meeting to order by informing all present this meeting is to finalize the Annual Plan to be in compliance with the Quality Housing and Work Responsibility Act by receiving any further resident in-put for the Plan. Mr. Russell, Executive Director, reminded the Board an overview of the QHWR and all Resident Programs funded through the Drug Grant were discussed at the regular October, November and December monthly meetings. The in-put of the Board was asked for, received and made a part of the Annual Plan.

Mr. Vick continued the meeting by discussing the following with the Board:

1. Youth Council.....see attached
2. Crime Reduction In Housing.....see attached
3. Annual Income Tax Credit.....see attached
4. Upward Bound Program.....see attached
5. Crime Static's for 1999-2000.....see attached

Mrs. Toni Child, Director of Facilities, also addressed the Board in regards to ongoing projects that are in the Five Year Plan. New kitchens, bathrooms, doors and security screens are presently being installed. She also talked about the Demolition Application of 108 units in Weeks Armstrong Community that is now being processed. In February, 26 units will be demolished and 36 will be renovated.

Mrs. Child also informed the Board about some land that was donated to the RMHA is under development to replace some of the homes that are being demolished. She thanked the Board for their on going support.

Ms. Minnie Knight, Board President, thanked the RMHA staff for their care and love of the communities.

Mr. Russell reminded the Board, even though it had been printed in the newsletter and sent to all residents, of the Public Hearing to discuss the Fiscal Year 2001 Annual Plan will be Monday, January 22<sup>nd</sup>, 4:00pm at the Hyman Battle Community Center and asked all to attend if possible.

In closing, the Board agreed to write a letter to the RM Police Department thanking them for all of their hard work in making our Communities a safe place to live (see attached).

Meeting was adjourned!

N0019F01

**ATTACHMENT Q**

**SPECIFICS OF THE FIVE YEAR PLAN**

<b><u>PROVIDER</u></b>	<b><u>GOALS</u></b>	<b><u>OBJECTIVES</u></b>	<b><u>YEARS</u></b>				
			<b><u>2000</u></b>	<b><u>2001</u></b>	<b><u>2002</u></b>	<b><u>2003</u></b>	<b><u>2004</u></b>

Commissioners#1 To maintain maximuma. Monthly Monitor all expenditures#1a.#1a.#1a.#1a.#1a.  
operational Effectivenessb. Keep abreast of all new policy changes#1b.#1b.#1b.#1b.#1b.  
c. Make changes on operations as needed.#1c.#1c.#1c.#1c.#1c.

Housing Management#1 To maintain maximuma. Achieve and Maintain 97% Occupancy Rate#1a.#1a.#1a.#1a.#1a.  
operational Effectivenessb. Maintain average level of 5% or less in TAR.#1b.#1b.#1b.#1b.#1b.  
c. Provide ongoing staff training#1c.#1c.#1c.#1c.#1c.  
d. Perform annual housekeeping inspection of all units#1d.#1d.#1d.#1d.#1d.  
e. Revise policies as needed#1e.#1e.#1e.#1e.#1e.  
f. Maintain compliance with HUD Regulations#1f.#1f.#1f.#1f.#1f.  
g. Provide timely preparations of HUD Reports#1g.#1g.#1g.#1g.#1g.  
h. Enforce Lease requirements#1h.#1h.#1h.#1h.#1h.  
i. Timely provide and maintain all PHAs requirements#1i.#1i.#1i.#1i.#1i.  
j. Meet all requirements assigned under QHWRA#ji.#ji.#ji.#ji.#ji.

Finance#1 To maintain maximuma. Maintain sufficient reserve level as required by HUD#1a.#1a.#1a.#1a.#1a.  
operational Effectivenessb. Provide computer training for staff#1b.#1b.#1b.#1b.#1b.  
c. Maintain maximum efficiency use of computer  
Hardware and Software#1c.#1c.#1c.#1c.#1c.  
d. Maintain adequate financial records#1d.#1d.#1d.#1d.#1d.  
e. Maintain adequate inventory levels#1e.#1e.#1e.#1e.#1e.  
f. Provide best investment rates for Reserves Funds#1f.#1f.#1f.#1f.#1f.

<u>PROVIDER</u>	<u>GOALS</u>	<u>OBJECTIVES</u>	<u>YEARS</u>				
			<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
<u>Section 8</u>	#1 To maintain maximum operational effectiveness	a. Review Utility Allowance Annually	#1a.	#1a.	#1a.	#1a.	#1a.
		b. Review Rent reasonableness annually	#1b.	#1b.	#1b.	#1b.	#1b.
		c. Perform HQS of all units annually	#1c.	#1c.	#1c.	#1c.	#1c.
		d. Complete goals under FSS Program	#1d.	#1d.	#1d.	#1d.	#1d.
		e. Encourage participants to enter homeownership counseling	#1e.	#1e.	#1e.	#1e.	#1e.
		f. Encourage participants to purchase a home	#1f.	#1f.	#1f.	#1f.	#1f.
		g. Timely produce all required HUD Reports	#1g.	#1g.	#1g.	#1g.	#1g.
		h. Timely establish and maintain all SEMAP requirements	#1h.	#1h.	#1h.	#1h.	#1h.
<u>Crime Prevention</u>	#1 To maintain maximum operational effectiveness	a. Monitor all programs funded with DEGP to ensure goals are met	#1a.	#1a.	#1a.	#1a.	#1a.
		b. Monitor all DEGP expenditures to ensure proper accountability	#1b.	#1b.	#1b.	#1b.	#1b.
		c. Provide Annual Application to obtain DEGP funding	#1c.	#1c.	#1c.	#1c.	#1c.
		d. Meet all goals established under RMHA Safety Program	#1d.	#1d.	#1d.	#1d.	#1d.
<u>Maintenance/ Modernization</u>	#1 To maintain maximum operational effectiveness	a. Meet all requirements assigned under PHAs	#1a.	#1a.	#1a.	#1a.	#1a.
		b. Meet all requirements established under QHWRA	#1b.	#1b.	#1b.	#1b.	#1b.
		c. Monitor expenditures to ensure good fiscal management	#1c.	#1c.	#1c.	#1c.	#1c.
		d. Timely provide all required HUD Reports	#1d.	#1d.	#1d.	#1d.	#1d.
		e. Provide staff training programs	#1e.	#1e.	#1e.	#1e.	#1e.
		f. Provide maintenance training/education for Residents	#1f.	#1f.	#1f.	#1f.	#1f.
		g. Monitor use of inventory	#1g.	#1g.	#1g.	#1g.	#1g.
		h. Perform annual inspection of all units	#1h.	#1h.	#1h.	#1h.	#1h.
		i. Provide statistical reports as required by Executive Director	#1i.	#1i.	#1i.	#1i.	#1i.

<u>PROVIDER</u>	<u>GOALS</u>	<u>OBJECTIVES</u>	<u>YEARS</u>				
			<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
<u>Commissioners</u>	#2 To increase the level of awareness to policy makers of the need for affordable housing.	a. Provide information to the general public about public housing and its goals and achievements b. Provide ways to generate affordable housing units	#2a. #2b	#2a. #2b	#2a. #2b	#2a. #2b	#2a. #2b
<u>Housing Management</u>	#2 To increase the level of awareness to policy makers of the need for affordable housing.	a. Provide information on affordable housing in RMHA Newsletter b. Establish flat rent so residents can save money to improve quality of life c. Encourage Residents to purchase home	#2a. #2b. #2c.	#2a. #2b. #2c.	#2a. #2b. #2c.	#2a. #2b. #2c.	#2a. #2b. #2c.
<u>Finance</u>	#2 To increase the level of awareness to policy makers of the need for affordable housing.	a. Establish means to use operating funds to support development in accordance with QHWRA	#2a.	#2a.	#2a.	#2a.	#2a.
<u>Commissioners</u>	#3 To provide housing opportunities and preserve exiting housing stock within Fiscal Responsibility	a. Seek ways to develop new housing opportunities b. Review Comp Grant steps taken to preserve existing housing stock	#3a.	#3a.	#3a.	#3a.	#3a. #3b. #3b. #3b.
<u>Maintenance/ Modernization</u>	#3 To provide housing opportunities and preserve exiting housing stock within Fiscal Responsibility	a. Provide ways to use Comp Grant funds to develop new housing units b. See Comp Grant 5-year program for information on preserving exiting housing stock. (See exhibit #1)	#3a. #3b.	#3a. #3b.	#3a. #3b.	#3a. #3b.	#3a. #3b.
<u>Commissioners</u>	#4 To promote self-sufficiency among Residents through education and Employment Training	a. Periodically monitor RMHA programs that offers residents opportunities for employment, job training and education	#4a.	#4a.	#4a.	#4a.	#4a.

<u>PROVIDER</u>	<u>GOALS</u>	<u>OBJECTIVES</u>	<u>YEARS</u>				
			<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
<u>Housing Management</u>	#4 To promote self-sufficiency among Residents through education and Employment Training	a. Periodically provide residents with information through monthly newsletters.	#4a.	#4a.	#4a.	#4a.	#4a.
		b. Periodically provide residents with information on job training and employment through monthly newsletters.	#4b.	#4b.	#4b.	#4b.	#4b.
<u>Crime Prevention</u>	#4 To promote self-sufficiency among Residents through education and Employment Training	a. Through the DEGP, develop programs that will provide Residents with opportunity to advance their education, obtaining Job training and employment.	#4a.	#4a.	#4a.	#4a.	#4a.
<u>Section 8</u>	#4 To promote self-sufficiency among Residents through education and Employment Training	a. Provide monthly reports on FSS Program	#4a.	#4a.	#4a.	#4a.	#4a.
		b. Encourage Section 8 participants to seek better education, a job and/or job training	#4b.	#4b.	#4b.	#4b.	#4b.

## ATTACHMENT R

### CONCLUSION

*The Housing Authority of the City of Rocky Mount (RMHA) has been in existence since 1953. RMHA began using a long and short term planning system in mid-1992. Much of its achievements have been documented in the Annual Reports and HUD Reviews. However, in accordance with QHWRA, a more formal (written) five year and annual plan has been developed. These plans will be updated as needed.*

*The major components of the plans is actually a management plan which realistically forecasts the fiscal needs, and describes the need for new developments and improvements to the existing buildings.*

*In the development of these plans, the Board of Commissioners, Department Heads and Staff considered the following:*

- 1. Review of current and proposed agency problems  
  
and determined those solutions that would have the greatest positive impact over the next five years;*
- 2. Examined current regulations and how it would impact what RMHA does in the next five years; and*
- 3. Made sure the departmental plans are consistent with Residents' needs and HUD objectives.*

*The goals and objectives as outlined are acceptable to all parties involved. However, Staff will monitor activities throughout the first year for possible revisions.*

**NC019R01**

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**ATTACHMENT 5**

**STATEMENT OF CONSISTENCY WITH CONSOLIDATED PLAN**

*The Housing Authority of the City of Rocky Mount (RMHA) had an active role in the preparation of the City of Rocky Mount Consolidated Plan. Research and needs analysis of the housing conditions in Rocky Mount reflected shortages in affordable housing without problems. At least 30% of any ethnic group in the area, in the rental market, is living in housing with problems. RMHA plan has goals to add to the affordable housing stock through additional public housing and requesting of more Section 8 Vouchers. In addition, RMHA will be utilizing HUD programs such as the Capital Fund and PHDEP to improve the existing housing stock. The plan also reflects programs that will continue to be used to provide assistance to RMHA residents to make them self-sufficient so the existing housing stock can be utilized by others that have a need.*

**NC019S01**

(1)

CHAS Home

CHAS Table 1C - All Households

Household by Type, Income, & Housing Problem	Name of Jurisdiction: Edgecombe County, NC		Source of Data CHAS Data Book			Data Current as of 1990			Total Households
	Renters					Owners			
	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly	All Other Owners	Total Owners	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	
1. Very Low Income (0 to 50% MFI)	1,123	1,503	430	526	3,582	1,357	920	2,277	5,859
2. 0 to 30% MFI	806	849	212	326	2,193	704	435	1,139	3,332
3. % with any housing problems	57%	69%	80%	59%	64%	84%	21%	82%	70%
4. % Cost Burden > 30%	53%	61%	56%	48%	56%	80%	-2%	78%	63%
5. % Cost Burden > 50%	31%	47%	51%	37%	40%	44%	4%	48%	43%
6. 31 to 50% MFI	317	654	218	200	1,389	653	485	1,138	2,527
7. % with any housing problems	50%	77%	88%	62%	71%	56%	14%	56%	64%
8. % Cost Burden > 30%	42%	70%	35%	57%	56%	56%	-2%	54%	55%
9. % Cost Burden > 50%	20%	30%	12%	23%	24%	18%	2%	20%	22%
10. Other Low-Income (51 to 80% MFI)	183	678	276	359	1,496	593	1,194	1,787	3,283
11. % with any housing problems	32%	35%	63%	37%	45%	16%	8%	32%	38%
12. % Cost Burden > 30%	21%	26%	20%	44%	29%	16%	12%	28%	28%
13. % Cost Burden > 50%	2%	2%	0%	5%	2%	1%	3%	4%	3%
14. Moderate Income (81 to 95% MFI)	49	262	128	147	586	336	821	1,157	1,743
15. % with any housing problems	28%	17%	52%	8%	23%	9%	2%	26%	25%
16. % Cost Burden > 30%	28%	7%	19%	3%	10%	9%	13%	22%	18%
17. % Cost Burden > 50%	0%	3%	0%	0%	1%	4%	-2%	2%	2%
18. Total Households**	1,495	3,594	1,124	1,437	7,650	3,320	9,472	12,792	20,442
19. % with any housing problems	48%	40%	70%	37%	45%	34%	32%	24%	32%

\*\* Includes all income groups - including those above 95% MFI



CHAS Home

## CHAS Table 1C - All Households

Name of Jurisdiction: Nash County, NC	Source of Data CHAS Data Book					Data Current as of: 1996			
Household by Type, Income, & Housing Problem	Renters					Owners			Total Households
	Elderly 1 & 2 member households	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly	All Other Owners	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1. Very Low Income: (0 to 50% MFI)	1,342	1,345	409	689	3,785	1,794	1,192	2,986	6,771
2. 0 to 30% MFI	915	775	212	347	2,249	975	488	1,463	3,712
3. % with any housing problems	64%	75%	89%	73%	72%	68%	24%	70%	71%
4. % Cost Burden > 30%	55%	67%	57%	63%	61%	65%	1%	66%	63%
5. % Cost Burden > 50%	33%	52%	28%	51%	42%	32%	5%	37%	40%
6. 31 to 50% MFI	427	570	197	342	1,536	819	704	1,523	3,059
7. % with any housing problems	58%	63%	83%	74%	67%	27%	8%	37%	52%
8. % Cost Burden > 30%	48%	54%	41%	61%	52%	27%	6%	33%	43%
9. % Cost Burden > 50%	17%	16%	6%	21%	16%	7%	5%	12%	14%
10. Other Low-Income (51 to 80% MFI)	313	1,074	303	646	2,336	1,006	1,664	2,670	5,006
11. % with any housing problems	25%	29%	65%	46%	38%	15%	5%	26%	32%
12. % Cost Burden > 30%	23%	20%	12%	41%	25%	14%	9%	23%	24%
13. % Cost Burden > 50%	0%	0%	0%	3%	1%	1%	2%	3%	2%
14. Moderate Income (81 to 95% MFI)	57	425	103	369	954	406	1,197	1,603	2,557
15. % with any housing problems	21%	5%	73%	15%	17%	2%	4%	17%	17%
16. % Cost Burden > 30%	21%	2%	0%	13%	7%	2%	13%	15%	12%
17. % Cost Burden > 50%	0%	0%	0%	0%	0%	0%	1%	1%	1%
18. Total Households**	1,829	4,857	1,194	2,477	10,357	4,954	13,663	18,617	28,974
19. % with any housing problems	52%	28%	60%	35%	38%	22%	21%	17%	24%

\*\* Includes all income groups -- including those above 95% MFI