

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 02

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

PHA Plan Agency Identification

PHA Name: Hamlet Housing Authority

PHA Number: NC053-1 and NC053-2

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

PHA Plan Contact Information:

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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

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
- Main administrative office of the local, county or 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)

PHA Programs Administered:

- Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan
Fiscal Year 2001
[24 CFR Part 903.7]

i. Table of Contents

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

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year’s PHA Plan that are not covered in other sections of this Update.

There have been no changes in policies or programs for year 2002, other than those required by regulations.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 470,104

C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. Yes X 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 next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. 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 next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. X Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____56,509_____

C. X Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. X Yes No: The PHDEP Plan is attached at Attachment E

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or

- Yes No: at the end of the RAB Comments in Attachment ____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
- Other: (list below)

B. 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)

State of 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)

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

To achieve our mission, our goals will be:

- ◆ Recognize the residents as our ultimate customer
- ◆ Improve our management and service delivery efforts through oversight, assistance and selective intervention by highly skilled diagnostic and result oriented personnel
- ◆ Create a problem solving partnership with residents, the community and local government leadership
- ◆ Maintain our housing units and provide the best possible condition for our community site areas

3. PHA Requests for support from the Consolidated Plan Agency

- Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
To provide safe, sanitary and affordable housing. To assist the PHA in providing economic opportunities to residents.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Substantial Deviation and Significant Amendment or Modification shall be based on the following:

1. changes to rent or admissions policies or organization of the waiting list
2. Additions of non-emergency work items or change in use of replace reserve funds under the Capital Fund Program
3. Addition s of new activities not included in the PHDEP
4. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Attachment A
Supporting Documents Available for Review

PHAs are to 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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: 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	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located 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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

X	Public housing rent determination policies, including the method 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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> 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	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	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
	Section 8 informal review and hearing procedures <input type="checkbox"/> 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 any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs

	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
X	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

X	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · 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. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy</p>	Pet Policy
X	<p>The results of 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</p>	Annual Plan: Annual Audit
	<p>Troubled PHAs: MOA/Recovery Plan</p>	Troubled PHAs
	<p>Other supporting documents (optional) (list individually; use as many lines as necessary)</p>	(specify as needed)

ATTACHMENT B

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19P05350100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/01 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$30,000.00		\$30,000.00	\$23,849.40	
3	1408 Management Improvements	0		0	0	
4	1410 Administration	\$4,000.00		\$4,000.00	0	
5	1411 Audit	0		0	0	
6	1415 liquidated Damages	0		0	0	
7	1430 Fees and Costs	\$36,235.00		\$36,235.00	\$23,000.00	
8	1440 Site Acquisition	0		0	0	
9	1450 Site Improvement	\$25,000.00		0	0	
10	1460 Dwelling Structures	\$300,501.00		\$360501.00	\$17,374.57	
11	1465.1 Dwelling Equipment—Nonexpendable	\$15,000.00		0	0	
12	1470 Nondwelling Structures	\$20,000.00		0	0	
13	1475 Nondwelling Equipment	\$30,000.00		\$30,000.00	\$30,000.00	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					

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

PHA Name: HAMLET HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: NC19P05350100 Capital Fund Program Replacement Housing Factor Grant No:	
------------------------------------	--	--

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

Performance and Evaluation Report for Period Ending: 06/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$460,736.00		\$460,736.00	\$94,223.97
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/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19P05350100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC 53-1&2	OPERATIONS	1406		\$30,000.00		\$30,000.00	\$23,849.40	Obligated
NC 53-1 &2	ADMINISTRATION	1410		\$4,000.00		\$4,000.00		Obligated
NC 53-1&2	FEES & COST	1430		\$36,235.00		\$36,235.00	\$23,000.00	Obligated
	SITE IMPROVEMENTS	1450						
NC 53-1	Landscaping & Erosion Control			\$12,500				Move to 2001
NC 53-2	Landscaping & Erosion Control			\$12,500				Move to 2001
	Total 1450			\$25,000				
NC 53-1	DWELLING STRUCTURES	1460						
	Complete Air Conditioning			\$50,000.00		\$50,000.00	\$11,911.77	Obligated
	Pressure Wash Buildings –		130 units	\$28,001.00				Move to 2001
	Provide Vanity @ Bath		130 units ±	\$50,000.00				Move to 2001
	Subtotal NC 53-1 1460			\$128,001.00				

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

PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19P05350100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC 53-2	DWELLING STRUCTURES	1460						
	Pressure Wash Buildings		100 units	\$19,000.00				Move to 2001
	Floor Tile Replacement		52 units	\$130,000.00		\$39,020.00	\$5,462.80	Vacant Units
	Provide Vanity @ Baths		27 units +	\$10,500.00				Move to 2001
	Gutters & Downspouts – Repair rotten Fascia & Soffit			\$10,000.00				Move to 2001
	Replace Exterior Insulation on A/C Lines @ Taylor Place			\$3,000.00				Move to 2001
	Subtotal NC 53-2 – 1460			\$172,500.00				
	TOTAL 1460			\$300,501.00				
PHA WIDE	Will be moving Termite Treatment From 2001 due to active termites					\$96,405.00		Obligated
PHA WIDE	Will be moving Security Screens from 2002 to 2000					\$175,076.00		Obligated
PHA WIDE	DWELLING EQUIPMENT	1465						
	Refrigerators		30	\$6,000.00				Obligated
	Ranges		20	\$6,000.00				Obligated
	Water heaters			\$3,000.00				Obligated
	Total 1465			\$15,000.00				

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

PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19P05350100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	NON-DWELLING STRUCTURES	1470						
	Remodel Classroom – Leroy Hubbard			\$20,000.00				Move to 2001
	Total 1470			\$20,000.00				
PHA WIDE	NON-DWELLING EQUIPMENT	1475						
	Provide New Maintenance Truck & Van			\$30,000.00		\$30,000.00	\$30,000.00	Completed
	Total 1475			\$30,000.00		\$30,000.00	\$30,000.00	

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number NC19PO5350201 Capital Fund Program: <input checked="" type="checkbox"/> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/01		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	30,000				
3	1408 Management Improvements	5,000				
4	1410 Administration	4,000				
5	1411 Audit	0				
6	1415 liquidated Damages	0				
7	1430 Fees and Costs	42,000				
8	1440 Site Acquisition	0				
9	1450 Site Improvement	0				
10	1460 Dwelling Structures	349,136				
11	1465.1 Dwelling Equipment—Nonexpendable	18,600				
12	1470 Nondwelling Structures	4,000				
13	1475 Nondwelling Equipment	17,368				
14	1485 Demolition	0				
15	1490 Replacement Reserve	0				
16	1492 Moving to Work Demonstration	0				
17	1495.1 Relocation Costs	0				
18	1498 Mod Used for Development	0				
19	1502 Contingency	0				

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number NC19PO5350201 Capital Fund Program: X Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/01		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
20	Amount of Annual Grant: (sum of lines 2-19)	470,104		0	0	
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	274,000				
24	Amount of line 20 Related to Energy Conservation Measures					

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

PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19PO5350201 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	OPERATIONS	1406	LS	30,000				
	TOTAL 1406			30,000				
PHA WIDE	MANAGEMENT IMPROVEMENTS	1408						
	Upgrade computers		LS	2,500				
	Employee training		LS	2,500				
	TOTAL 1408			5,000				
PHA WIDE	ADMINISTRATION	1410		4,000				
	TOTAL 1410			4,000				
PHA WIDE	FEES & COST	1430						
	Needs assessment update			2,000				
	A/E			40,000				
	TOTAL 1430			42,000				

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

PHA Name: HAMLET HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19PO5350201 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Funds Obligated		
NC53-1	DWELLING STRUCTURES	1460						
	Provide security window							Move to 2000
	Screens		130 UNITS	154,000				
	Pressure wash buildings		130 UNITS	6,750				
	SUBTOTAL			160,750				
	Repair/replace sidewalks		LS	10,000				
	Provide address-o-lites/front		130 UNITS	8,018				
	Provide address-o-lites/rear		130 UNITS	8,018				
	SUBTOTAL NC 53-1			186,786				
NC 53-2	Provide security window							Move to 2000
	Screens		100 UNITS	120,000				
	Pressure wash buildings		100 UNITS	6,750				

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

PHA Name: HAMLET		Grant Type and Number Capital Fund Program #: NC19P05350201 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Bath modernization - Convert tub to roll-in Shower – replace 2 tubs		LS	20,000				
	Provide address-o-lites/front		100 UNITS	7,800				
	Provide address-o-lites/rear		100 UNITS	7,800				
	SUBTOTAL NC 53-2			162,350				
	TOTAL 1460			349,136				
PHA WIDE	DWELLING EQUIPMENT	1465						
	Refrigerators		30 UNITS	10,300				
	Ranges		20 UNITS	4,900				
	Water heaters		24 UNITS	2,400				
	Window shades		LS	1,000				
	TOTAL 1465			18,600				
PHA WIDE	NON-DWELLING STRUCTURES	1470						
	Provide concrete paving at Shop 5 1/2", 3500 PSI		LS	4,000				
	TOTAL 1470			4,000				

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

PHA Name: HAMLET		Grant Type and Number Capital Fund Program #: NC19P05350201 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	NON-DWELLING EQUIPMENT	1475						
	Upgrade computer equipment		LS	7,184				
	Purchase new pressure washer			0				
	With Jetta package			2,500				
	Provide new maintenance			0				
	Tools and equipment		LS	7,684				
	TOTAL 1475			17,368				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Hamlet Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05350202 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
X Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30,000			
3	1408 Management Improvements Soft Costs	5,000			
	Management Improvements Hard Costs				
4	1410 Administration	4,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	42,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	73,000			
10	1460 Dwelling Structures	258,236			
11	1465.1 Dwelling Equipment—Nonexpendable	23,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	34,868			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Hamlet Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05350202 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
X Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Amount of Annual Grant: (sum of lines.....)	470,104			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs	58,000			
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Hamlet Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05350202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
					Original	Revised	Original	Revised	
PHA Wide	OPERATIONS		1406	LS	30,000				
	Total 1406				30,000				
PHA Wide	MANAGEMENT IMPROVEMENTS		1408						
	Upgrade Computers			LS	2,500				
	Employee Training			LS	2,500				
	Total 1408				5,000				
PHA Wide	ADMINISTRATION		1410		4,000				
	Total 1410				4,000				
PHA Wide	FEES & COSTS		1430						
	Consultant fee for needs assessment				2,000				
	A/E				40,000				
	Total 1430				42,000				
NC53-1	SITE IMPROVEMENTS		1450						
	Landscaping/erosion control				5,000				
NC53-2	Landscaping/erosion control				5,000				
	1,350 LF 8' fencing at Taylor Place				50,000				
	Landscaping along new fence				8,000				
	Repair/replace sidewalks				5,000				
	Total 1450				73,000				

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

PHA Name: Hamlet Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P05350202 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Original	Revised	
NC53-1	DWELLING STRUCTURES	1460						
	Provide termite treatment		130	80,000				
	Replace bi-fold doors in 0 & 1 bedroom			35,000				
	Replace tempering valve due to high PH			12,000				
	Provide carbon monoxide detectors		130	6,000				
	Replace old cast iron trap at washers			22,000				
	NC 53-1 Sub-Total 1460			155,000				
NC53-2	Provide termite treatment		100	60,000				
	Replace tempering valve due to high PH			17,000				
	Replace old cast iron trap at washers			20,236				
	Provide carbon monoxide detectors		100	6,000				
	NC53-2 Sub-Total 1460			103,236				
PHA Wide	DWELLING EQUIPMENT	1465						
	Refrigerators		30	13,600				
	Ranges		20	5,200				
	Water heaters			3,000				
	Window shades			1,200				
	Total 1465			23,000				

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

Attachment C

PHA Name Hamlet Housing Authority				X Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY:2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY:2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY:2006
NC053-1	Annual Statement	87,000	112,218	230,836	307,836
NC053-2		244,736	217,218	110,000	5,000
PHA Wide		24,500	26,800	32,400	42,400
Total Physical Improvements		356,236	356,236	373,236	355,236
Operations		30,000	30,000	30,000	30,000
Management Improvements		5,000	5,000	5,000	5,000
Administration		4,000	4,000	4,000	4,000
Fees & Costs		42,000	42,000	42,000	42,000
Non-Dwelling Structures		32,868	32,868	15,868	33,868
Total CFP Funds (Est.)		470,104	470,104	470,104	470,104
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant:2003 PHA FY:2003			Activities for Year: <u>3</u> FFY Grant:2004 PHA FY:2004		
	NC053-1			NC053-1		
Annual	Landscape/erosion control		5,000	Landscape/erosion control		12,218
Statement	Paint interior of units	55	82,000	Repairs to second story bath	24	100,000
	NC053-2			NC053-2		
	Landscape/erosion control		5,000	Landscape/erosion control		12,218
	Paint interior of units	70	110,000	Additional attic insulation		65,000
	Repairs to second story baths	28	109,736	Replace A/C units	70	140,000
	Replace mailboxes		20,000			
				PHA Wide		
	PHA Wide			Operations		30,000
	Operations		30,000	Upgrade computer software		2,500
	Upgrade computer software		2,500	Employee Training		2,500
	Employee training		2,500	Administration		4,000
	Administration		4,000	Consultant for needs assessment		2,000
	Consultant fee for needs assessment		2,000	A/E		40,000
	A/E		40,000	Replace refrigerators		15,000
	Replace refrigerators		14,300	Replace ranges		5,600
	Replace ranges		5,400	Replace water heaters		5,000
	Replace water heaters		3,600	Window shades		1,200
	Replace window shades		1,200	Maintenance vehicle		26,368
	Maintenance truck		26,368	Upgrade computer hardware		2,500
	Upgrade computer hardware		2,500	Maintenance tools & equipment		4,000
	Maintenance tools and equipment		4,000	Total		470,104
	Total		470,104			

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>4</u> FFY Grant:2005 PHA FY:2005			Activities for Year: <u>5</u> FFY Grant:2006 PHA FY:2006		
	NC053-1			NC053-1		
Annual	Landscape/erosion control		15,000	Landscape/erosion control		5,000
Statement	Repair/replace sidewalks		15,000	Roof replacement	130	302,836
	Paint interior of units	55	60,836			
	Provide additional attic insulation		50,000	NC053-2		
	Convert 5 BR to 1 & 2		90,000	Landscape/erosion control		5,000
	NC053-2			PHA Wide		
	Landscape/erosion control		15,000	Operations		30,000
	Paint interior of units	70	85,000	Upgrade computer software		2,500
	Repair gutters and downspouts		10,000	Employee training		2,500
				Administration		4,000
	PHA Wide			Consultant fee for needs assessment		2,000
	Operations		30,000	A/E		40,000
	Upgrade computer software		2,500	Replace refrigerators		20,000
	Employee training		2,500	Replace ranges		10,900
	Administration		4,000	Replace water heaters		10,000
	Consultant fee for needs assessment		2,000	Replace window shades		1,500
	A/E		40,000	Upgrade computer hardware		2,500
	Replace refrigerators		17,000	Maintenance tools and equipment		5,000
	Replace ranges		8,900	Maintenance vehicle		26,368
	Replace water heaters		5,000	Total		470,104
	Replace window shades		1,500			
	Upgrade computer hardware		2,500			
	Maintenance tools and equipment		13,368			
	Total		470,104			

Attachment D

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

- A. Amount of PHDEP Grant \$** 56,509
- B. Eligibility type (Indicate with an "x")** N1 _____ N2 _____ R X _____
- C. FFY in which funding is requested** _____
- 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 five (5) sentences long

Engage resident youth in constructive, drug-free activities, offer adult residents programs to help promote self-sufficiency and contract with the local police department to provide security patrols above and beyond baseline requirements.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

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)
PHA Wide	230	550

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ 18 Months X 24 Months _____

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 out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” 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	Grant Start Date	Grant Term End Date
FY 1997	115,000	NC19DEP0530197	0	YES	12/08/97	12/07/99
FY 1998	69,000	NC19DEP0530198	0	YES	12/11/98	12/10/99
FY 1999	50,586	NC19DEP0530199	0	NO	12/13/99	12/12/00
FY2000	52,721	NC19DEP0530100	4,579.29	NO	9/11/00	3/10/2002
FY 2001	56,509	NC19DEP0530101	56,509	NO	8/23/01	2/22/03

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, 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. Hamlet Housing Authority provides neighborhood patrols, after-school programs, summer youth programs and various programs throughout the year, each stressing a drug and crime free life. We target the majority of our programs toward at-risk youth in an effort to educate them about the opportunities available if they will apply themselves. We receive weekly reports from the Hamlet Police Department about calls to our developments and the after-school supervisor receives progress reports from the schools on the individuals that attend our programs.

B. PHDEP Budget Summary

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

FFY __02__ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	35,000
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	15,000
9170 - Drug Intervention	6,509
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	56,509

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$ 35,000		
Goal(s)	Reduce drug activity						
Objectives	Provide patrols above and beyond baseline						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.community patrols	550	PHA wide	3/02	9/03	35,000		
2.							
3.							

9115 - Special Initiative					Total PHDEP 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.							

9116 - Gun Buyback TA Match					Total PHDEP 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.							

9120 - Security Personnel					Total PHDEP 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.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
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.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
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.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
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.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)	Provide programs and workshops to promote anti-drug life						
Objectives	Reduce drug use and activity						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.various programs and trips	50	Youth/adult	03/02	09/03	15,000		
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)		Send resident youth to ABCDE conference					
Objectives		Instill in youth leadership and self-esteem					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.ABCDE Conference	4	youth	03/02	09/03	6,509		
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
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.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
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.							

Required Attachment E: Resident Member on the PHA Governing Board

1. Yes X No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- X Other (explain): The mayor is in the process of appointing a resident to fill the recently vacated office due to the death of a commissioner.

B. Date of next term expiration of a governing board member: August 2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mr. Cary Garner, Mayor of the City of Hamlet, North Carolina

Required Attachment ___F___: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Barbara Ingram – President
Shirlyn Smith – Vice-President
Fannie Smith – Secretary
Lori Smith – Assistant Secretary
Annie McNair - Treasurer

ATTACHEMNT G

Comments of Resident Advisory Board

And

Explanation of PHA Response

No comments were received from the Resident Council

ATTACHMENT H

Community Service Requirement Policy

General Policy Statement: All residents who are 18 years of age and older and are not exempt under the exemptions as defined in CFR Part 960.6 shall be required to perform eight (8) hours of community service each month. This service can be provided at any local community, civic, or charitable organization. The selection of type and location of community service to be provided is totally left to the discretion of the resident. Residents may choose to enroll in a program in lieu of performing the required eight (8) hours of service. Any resident failing to comply with the requirements of the Community Service Requirement Policy is subject to denial to renew the lease at annual recertification.

§960.601 Definitions

Community Service. The performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

Exempt Individual. An adult who:

- (1) is 62 years or older;
- (2) (i) Is a blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c), and who certifies that because of this disability she or he is unable to comply with the service provisions of this subpart, or
(ii) Is a primary caretaker of such individual;
- (3) Is engaged in work activities;
- (4) Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 *et seq.*) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program; or
- (5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 *et seq.*) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

Service Requirement. The obligation of each adult resident, other than an exempt individual, to perform community service or participate in an economic-self sufficiency program required in accordance with §960.603.

Economic self-sufficiency program: Any program designed to encourage, assist, train, or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include job training, employment counseling, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including substance abuse or mental health treatment program), or other activities.

Work activities: Defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d) as the following:

- 1) unsubsidized employment
- 2) subsidized private-sector employment
- 3) subsidized public-sector employment
- 4) work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private-sector employment is not available
- 5) on-the-job training
- 6) job search and job-readiness assistance
- 7) community service programs
- 8) vocational educational training (not to exceed 12 months with respect to any individual)
- 9) job skills training directly related to employment
- 10) education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency
- 11) satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate
- 12) the provision of childcare services to an individual who is participating in a community service program

§960.603 General Requirements

- (a) *Service requirement.* Except for any family member who is an exempt individual, each adult resident of public housing must:
- (1) Contribute 8 hours per month of community service (not including political activities); or
 - (2) Participate in an economic self-sufficiency program for 8 hours per month; or
 - (3) Perform 8 hours per month of combined activities as described in (a)(1) and (a)(2) of this section.
- (b) *Family Violation of service requirement.* The lease shall specify that it shall be renewed automatically for all purposes, unless the family fails to comply with the service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the twelve month lease term, but not for termination of tenancy during the course of the twelve month lease term (see §966.4(1)(2)(I) of this chapter).

960.605 How PHA administers service requirements

- (a) The Community Service Requirement program will be administered by the Authority in accordance with regulations as outlined in policy.
- (b) The Authority will provide compliance monitoring and verification as part of the annual recertification process.

- (c) (1) A resident or applicant wishing to be exempt from the service requirement must make that request in writing by completing a request for exemption form. The resident may be asked to provide
- (d) exemption and make a determination of the exemption status. The head of household is responsible for reporting any change in status whether exempt or non-exempt between annual recertifications. The Authority will process any report of change in status during the 12 month period between recertifications, issue an interim determination as to the exempt status of the resident and inform the resident of any compliance requirements that may be associated with this change.
- (2) The resident will be provided written description of the service requirement and process for claiming status as an exempt person. The family will be provided notice of the determination identifying family members who are subject to the service requirement and family members who are exempt persons.
- (3) The Authority will verify compliance with service requirements annually ninety (90) days prior to the end of the twelve-month lease term during annual recertification. The Authority may require the resident obtain third party verification of compliance.
- (4) The Authority will maintain reasonable documentation of service requirement performance or exemption in participant files.
- (5) The Authority will comply with nondiscrimination and equal opportunity requirements listed at §5.105(a) of this title.

960.607 Assuring resident compliance

- (a) Family members who are required to fulfill a service requirement must provide signed certification to the Authority by such organization that the family member has performed such qualifying activities.
- (b) The Authority will send a notice of noncompliance.
 - (1) If the Authority determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation (noncompliant resident), the Authority will notify of head of household of this determination.
 - (2) The Authority’s notice to the head of household will:
 - (i) briefly describe the noncompliance;
 - (ii) state that the Authority will not renew the lease at the end of the twelve month lease term, unless;
 - (A) the head of household, and any other noncompliant resident, enter into a written agreement with the Authority, in the form and manner required by the Authority, to cure such noncompliance by completing the additional hours required over the 12 months of the new lease, or;
 - (B) the family provides written assurance satisfactory to the Authority that the noncompliant resident no longer resides in the unit.
 - (iii) the tenant may request a grievance hearing on the determination of the Authority, and the tenant may exercise any available judicial remedy to seek timely redress for the Authority’s nonrenewal of the lease because of such determination.

- (C) If the head of household or another family member has violated the service requirement, the Authority may not renew the lease upon expiration of the term unless:
- (1) the head of household and any other noncompliant resident, enter into a written agreement with the Authority, in the form and manner required by the Authority, to cure
 - (2) economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease, and;
 - (3) all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.

960.609 Prohibition against replacement of PHA employees

In implementing the service requirement the Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by Authority employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

**Community Service Requirement
Request for Exemption
And
Notification of Exemption Status**

Head of Household _____ **Acct #** _____
Address _____ **Date** _____

Family member requesting exemption _____

I am requesting an exemption from the Community Service Requirement due to the following reason(s):

- I certify that I am 62 years of age or older.
- I certify that I am a blind or disabled individual and am unable to comply with the service requirements.
- I certify that I am the primary caretaker of a blind or disabled individual.
Name of individual _____
- I certify that I am engaged in work activities.
Name of employer _____
- I certify that I am exempt by meeting the requirements as defined in §960.601, specifically the definition of Work activities as they pertain to the Community Service Requirement Policy.
Specify the activity _____
- I certify that I am a member of a family receiving assistance, benefits or services under a State program funded under part A of Title IV of the Social Security Act or any other welfare program and am in **full compliance** with the requirements of the program.
Name of program _____
- I certify that I am **NOT** exempt from the Community Service Requirement.

I understand that the above information will be used to determine eligibility for exemption from the Community Service Requirement and lease renewal. I understand that any false statements constitute fraud in acquiring housing assistance and could result in lease termination and/or criminal prosecution. I also understand that if I disagree with the determination of the Authority on this request for exemption I may request a grievance hearing under the Grievance Procedure Policy.

Signature of person requesting exemption _____

Exemption approved on _____ Exemption denied on _____

Reason for above determination _____

Date notified _____
Housing Authority Representative _____ Date _____

ATTACHMENT I
Deconcentration of Poverty
and
Income Mixing

Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

a. Yes No

Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

b. Yes No

If yes, developments as follows:

Deconcentration Policy for Covered Developments			
Development Name	Number Of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at § 903.2(c)(1)(v)]

Total Development Average Annual Income = \$7,139.57
 Average Annual Income NC053-1 = \$6,922.50 or 97%
 Average Annual Income NC053-2 = \$7,421.76 or 104%

ATTACHMENT J**Voluntary Conversion Required Initial Assessments**

Richmond County Housing Assistance Payment (HAP)

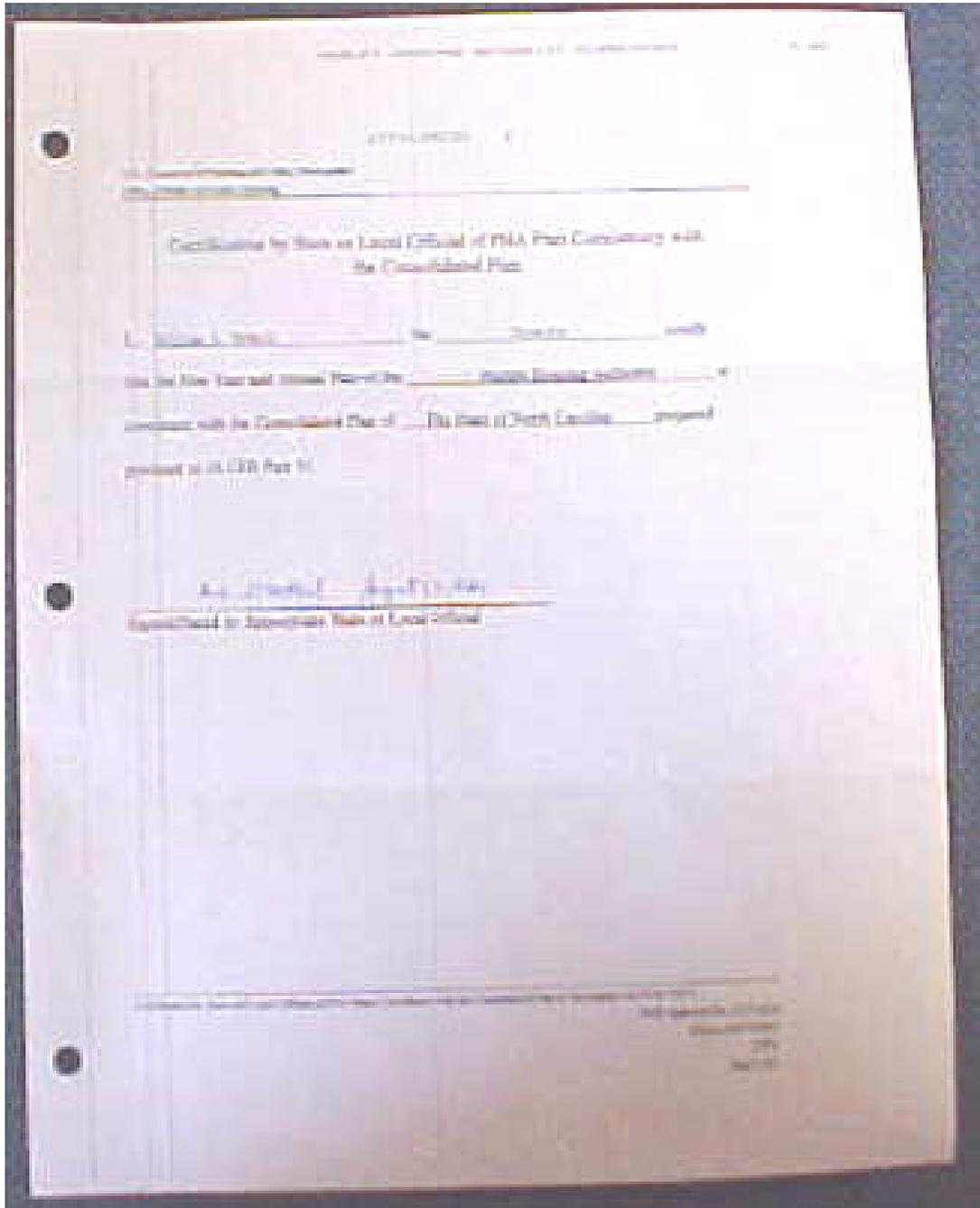
1 Br	\$337.00
2 BR	\$409.00
3 BR	\$527.00
4 BR	\$598.00

Average PUM \$467.75

Hamlet Housing Authority

2000 Capital Funds	\$460,736.00
2000 Operating Subsidy	<u>\$408,297.00</u>
TOTAL	\$869,033.00
Unit Months Available	2760
Average PUM	\$314.87

Hamlet Housing Authority does not currently operate any Section 8 units, therefore, there would be substantial financial cost to retrain staff and the monthly cost of administering such units is greater than public housing. Additionally, conversion would adversely affect the availability of affordable housing.



ATTACHMENT L

Statement of Progress

Hamlet Housing Authority recognizes each applicant/resident as our ultimate customer. Our entire staff is dedicated to maintaining decent, safe, affordable housing while encouraging economic self-sufficiency.

We have installed central air conditioning in every unit to make the apartments more comfortable for our residents. We continue to replace floor tiles to improve the appearance of our aging units, and where possible have stated to replace wall-hung bathroom lavatories with vanities. We are currently in the process of installing security window screens on all units as an added measure of security and undergoing termite treatment to ensure the continued viability of our units.

Through our PHDEP we are able to provide neighborhood security patrols above and beyond baseline services in an attempt to make our developments a safe environment in which to raise a family. We also have on-going programs for our youth and adults in an attempt to encourage leadership and self-sufficiency.

Continued collaboration with local agencies and our Resident Council help to ensure the needs and requirements of our residents are met.

Attachment M

Small PHA Plan Update Page 56

Table Library

Follow Up Plan 2000

Based on recent results from the Resident Satisfaction Survey for 2000, Hamlet Housing Authority is required to respond to the sections listed below. Beside each is the Follow Up Plan for that section.

Communications - PHA will continue to publish our monthly newsletter, update our bulletin board, distribute flyers to inform residents about upcoming events, and notify residents of pending CFP work. We will also continue to attend resident meetings.

Safety – PHA will continue neighborhood patrols as provided by the Hamlet Police Department through a contract between the City of Hamlet and Hamlet Housing Authority and funded by our Public Housing Drug Elimination Program. We will also continue to work with the police department by permitting residents to make anonymous reports about criminal and drug activity in their areas. We are currently installing security window screens in all units. We will also be surveying the possibility of installing video cameras at strategic locations and assess area lighting for additional installations.

Neighborhood Appearance – PHA will continue to have neighborhood clean-ups twice annually. We will also continue to provide lawn mowing and basic yard maintenance for all residents. We will be reviewing areas for landscape/erosion control improvements.