

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 7/1/02 - 6/30/03

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

**PHAPLAN  
AGENCYIDENTIFICATION**

**PHAName:** C ITYOFMOUNTHOLLY,DEPARTMENTOFHOUSING

**PHANumber:** NC119

**PHAFiscalYearBeginning:**7/1/02

**PHAPlanContactInformation:**

Name:DianePritchett

Phone:704 -827-9025

TDD:800 -735-2962

**PublicAccessToInformation**

**Informationregardinganyact ivitiesoutlinedinthisplancanbeobtainedbycontacting:**

- MainadministrativeofficeofthePHA**
- PHAdevelopmentmanagementoffices

**DisplayLocationsForPHAPlansandSupportingDocuments**

ThePHAPlans(includingattachments)are availableforpublicinspectionat:(selectallthat apply)

- MainadministrativeofficeofthePHA**
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA**
- PHAdevelopmentmanagemento ffices
- Other(listbelow)

**PHAProgramsAdministered :**

- PublicHousingandSection8
- Section8Only
- PublicHousingOnly**

**AnnualPHAPlan  
FiscalYear2002**

[24CFRPart903.7]

**i. Table of Contents**

	<b>Contents</b>	<u>Page#</u>
<b>Annual Plan</b>		
1.	Description of Policy and Program Changes for the Upcoming Fiscal Year	
2.	Capital Improvement Needs	
3.	Demolition and Disposition Homeownership: Voucher Homeownership Program	
4.	Crime and Safety: PHDEP Plan	
5.	Other Information: A. Resident Advisory Board Consultation Process B. Statement of Consistency with Consolidated Plan C. Criteria for Substantial Deviations and Significant Amendments	
<b>Attachments</b>		
<input checked="" type="checkbox"/>	Attachment A: Supporting Documents Available for Review	
<input type="checkbox"/>	Attachment B_: Capital Fund Program Annual Statement	
<input type="checkbox"/>	Attachment C_: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/>	Attachment N/A_: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/>	Attachment D(N/A)__: Public Housing Drug Elimination Program	
<input checked="" type="checkbox"/>	Attachment E_: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/>	Attachment F_: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/>	Attachment G_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/>	Other (List below, providing each attachment name)	
X	Attachment H: Statement of Progress in Meeting the 5 - Year Plan Goals	
X	Attachment I: Voluntary Conversion of Public Housing to Tenant -Based Assistance. Public Housing Certifications	

## **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 are no anticipated changes in policies or programs.**

## **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

- A. **Yes:** 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? \$Unk      nown for 2002
- C. **Yes**      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.

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 D

## **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

1. **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 N/A

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
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: (DD/MM/YY)	
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**

[24CFR Part 903.79(k)]

A. **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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment 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**

[24CFR Part 903.7(m)]

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

A. **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? \$ Not Applicable

C. **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.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903.79(r)]

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

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 attached at Attachment G

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 \_\_\_\_\_.
- X** Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included 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)

- 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 specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

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:

**There is a need for additional housing for extremely low income families and elderly families and families with disabilities.**

## 6C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

#### A. Definition of Substantial Deviation and Significant Amendments

Any substantial deviation from the Mission Statement or Goals and Objectives presented in the Five Year Plan that cause changes in the services provided to residents or significant changes to the agency's financial situation will be documented in subsequent Agency Plans. An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirement; such changes will be considered significant amendments by HUD.

#### B. Significant Amendment or Modification in the Annual Plan

1. Change to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work items (items not included in the current Annual Statement or five Year Action Plan) or change in use of replacement cement reserve funds under the Capital Fund.
3. Addition of new activities not included in the current DEP Plan.
4. Any change with regard to demolition or disposition, designation, home ownership programs, or conversion activities.

**A. Substantial Deviation from the 5-year Plan: None planned for 7/1/02 - 6/30/03**

**B. Significant Amendment or Modification to the Annual Plan:**

- Install smoke detectors in all bedrooms when dryer hook-ups are installed per new code regulation effective January 1, 2002.
- Repair road on Noles Drive where it is sinking and presents a safety issue. The city will contract out the work. Also, repair pothole on Noles Drive at the entrance to the property.

## 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
XX	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflect 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 jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
XX	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
XX	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	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
XX	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
XX	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input type="checkbox"/> 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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
XX	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
XX	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
XX	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
XX	Public housing grievance procedures <input type="checkbox"/> 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
XX	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
XX	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
XX	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -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
	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 home ownership programs/plans	Annual Plan : Homeownership

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
	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
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	Annual Plan: Safety and Crime Prevention
XX	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
XX	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	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)





**CapitalFundProgramReplacementHousingFactor(CFP/CFP RHF)**

**PartII:SupportingPages**

PHAName:CityofMountHolly,Dept.ofHousing		<b>GrantTypeandNumber</b> CapitalFundProgram#: NC19P11950101 CapitalFundProgram ReplacementHousingFactor#:			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost	
				Original	Revised
NC119	Temporaryhelpasneeded,and Computersupportasneeded.	1406		6000	6,000
NC119	Coordinatorstooperatecomputer learningcenter.	1408		3,000	3,000
NC119	Paypartofstaffsalaryto administerCFG,computertraining,etc..	1410		3,000	3,000
NC119	Architectfeestopprepareplans,specs, Bids,etc.	1430		8,000	8,000
NC119	Fertilize,plantshrubs,repairroad wheresinkingandpotholeatent rance.	1450		3,000	12,000
NC119	Replaceentrydooranddoorjams, replacestairtreads,installdryerhook upsunitsandsmokedetectorsas fundsallow,purchasedigitalcamerafor inspections.	1460		66814	57,814
NC119	Replacestovesand,refrigs asneeded	1465.1		3,000	3,000



<b>Installsmokedetectorsinallbedroomswhendryerhook -upsareinstalled pernewcodeeffective1/1/02.</b>	<b>2,000.00</b>	<b>2002</b>
<b>Repairroadon NolesDrivewhereitissinkingandpresentsasafetyissue.</b>	<b>12,000.00</b>	<b>2002</b>
<b>ReplaceWaterHeaters</b>	<b>12,000.00</b>	<b>2001</b>
<b>Replacestoveandrefrigeratorsasneeded</b>	<b>10,000.00</b>	<b>2001-2005</b>
<b>Replaceentrydoorsanddoorjams</b>	<b>20,000.00</b>	<b>2002</b>
<b>Replacebathroomandkitchenlightfixtures</b>	<b>20,000.00</b>	<b>2001-2004</b>
<b>Replacestairtreadsunits</b>	<b>15,000.00</b>	<b>2003</b>
<b>Installoverheadlightinginlivingroom</b>	<b>20,000.00</b>	<b>2002</b>
<b>Installcomputerlearningcenter</b>	<b>20,000.00</b>	<b>2001-2004</b>
<b>Landscaping</b>	<b>40,000.00</b>	<b>2001-2005</b>
<b>DigitalCamera</b>	<b>750.00</b>	<b>2001</b>
<b>DryerHook -Ups</b>	<b>10,000.00</b>	<b>2001-2002</b>
<b>Replaceinteriordoors</b>	<b>12,000.00</b>	<b>2003</b>
<b>Installcarbonmonoxidetesters</b>	<b>5,400.00</b>	<b>2001</b>
<b>Totalestimatedcostovernext5years</b>	<b>\$199,150.00</b>	



FY1996						
FY1997						
FY1998						
FY1999						

**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.

**B. PHDEP Budget Summary**

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

<b>FFY ____ PHDEPBudgetSummary</b>	
<b>Originalstatement</b>	
<b>Revisedstatementdated:</b>	
<b>BudgetLineItem</b>	<b>TotalFunding</b>
9110 -ReimbursementofLawEnforcem ent	
9115 -SpecialInitiative	
9116 -GunBuybackTAMatch	
9120 -SecurityPersonnel	
9130 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -Drug Treatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

**C. PHDEPPlanGoalsandActivities**

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem. Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudgetlineitem(whereapplicable). Use asmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAs arenotrequiredtoprovideinformationinshadedboxes. Informationprovidedmustbeconcise —notto exceedtwosentencesinanycolumn. TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	
1.							
2.							
3.							

<b>9115 -SpecialInitiative</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedAct ivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	
1.							
2.							
3.							

<b>9116 - Gun Buyback TAMatch</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)	
1.							
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)	
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)	
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	PHDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9150 - Physical Improvements</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)	
1.							
2.							
3.							

<b>9160 -DrugPrevention</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>						<b>TotalPHDEPFunds:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

**Required Attachment E\_\_\_\_: Resident Member on the PHA Governing Board**

1. XX 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

XX 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.

Other (explain):

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

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

## **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.)

Darl G. Hord, Annie Hord, Michelle Deese, Brandy Stout, Lilly Tench  
All residents were given a notice about the Resident Advisory Board and asked to attend a meeting if they were interested in serving on the Advisory Board.

### **ATTACHMENT G**

#### **Resident Advisory Board Comments and PHA Response**

Residents are very pleased with the newly installed air conditioning and new furnaces. Residents would like carbon monoxide detectors installed for safety. This is planned for year 2000 CFG funds.

Residents are concerned about the children destroying the shrubs. More landscaping is budgeted and residents will take a more active role in watching the children so they will not destroy the shrubs. Also, the city manager stated he will look into upgrading the city park next to the Holly Hills so the children will have a place close by to play.

Residents are pleased with maintenance and PHA will continue to provide quality maintenance service and maintain the units in good shape.

## ATTACHMENT H

### Statement of Progress in Meeting the 5 -Year Plan Goals

**Goal:** Install air conditioning in the units.

Progress: Air conditioning has been installed in all units as well as new furnaces.

**Goal:** Maintain good communication between PHA, residents, City Council.

Progress: Management has tried to maintain good contact with the residents in spite of several staff changes in the manager's position over the past year. The position will be filled March 1, 2002. Management has maintained contact with the City Manager and he is aware of the CIAP and CFG activities taking place at Holly Hills.

**Goal:** Insure PHA is fiscally responsible.

Progress: Expenditures were within budget and there were no audit findings.

**Goal:** Maintain PHA physical assets.

Progress: REAC inspection was excellent (See attached) and PHA physical assets are in very good condition.

**Goal:** Offer the children and all residents of Holly Hill Apartments a wholesome environment where they feel safe and secure.

Progress: The Resident ID/Guest Pass program is continuing. There is an afterschool tutoring program for the children and an afterschool weekly meeting with local church volunteers. The city is thinking about updating the playground next to the property for the children.

**Goal:** Retain current, and attract potential residents with a sufficient occupancy period to enable them to become self-sufficient.

Progress: Ceiling rents were established and this has been helpful in retaining residents and giving them an opportunity to become self-sufficient.

In conclusion, the staff, City Council, City Manager, and residents will continue to monitor and evaluate progress under the Agency Five Year Plan.

## Attachment I

### Voluntary Conversion of Public Housing to Tenant -Based Assistance. Public Housing Certifications

On June 22, 2001, the Department of Housing and Urban Development (HUD) issued A Final Rule amending chapter IX of title 24 of the Code of Federal Regulations by Adding part 972. This new part 972 implements section 533 of the Quality Housing and Work Responsibility Act of 1998 which requires every public housing authority to Conduct and submit to HUD an initial assessment to determine if statutory objective Would be satisfied by converting certain developments or parts of developments to Tenant-based assistance.

Acting on behalf of the City of Mount Holly (PHA) as its Authorized Official, I make the Following certifications and assurance to HUD regarding:

Project No: NC119  
Project Name: Holly Hill Apartments  
Project Address: 635 Noles Dr. Mount Holly, NC

I hereby certify that the development named above:

- Is not subject to required conversion under 24 CFR part 971;
- If not the subject of an application for demolition or disposition that has been approved by HUD, or submitted to HUD and awaiting determination;
- If not a HOPE VI revitalization site; and  
If not designated for occupancy by the elderly and/or persons with disabilities.

I further certify that I have:

- Reviewed the development's operations as public housing;
- Considered the implications of converting the public housing to tenant -based assistance; and
- Concluded that the conversion of the development may be:
  - Appropriate because removal of the development would meet the necessary conditions for voluntary conversion described below.
  - Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion described below.

**Necessary conditions for voluntary conversion:**

- Conversion to tenant-based assistance would not be more expensive than continuing to operate the development (or portion of it) as public housing;
- Conversion to tenant-based assistance would principally benefit the residents of the public housing development to be converted and the community; and
- Conversion to tenant-based assistance would not adversely affect the availability of affordable housing in the community.

Signed by: **Diane Pritchett**  
Executive Director

Date: 04-10-02

**CITYOFMOUNTHOLLY,DEP ARTMENTOFHOUSING  
HOLLYHILLAPARTMENTS**

**INITIALASSESSMENTOFCONVERSIONOFFUBLICHOUSING  
TOTENANT -BASEDASSISTANCE**

TheSection8rentsinthecountyarebasedontheFairMarketRentfortheareaandare asfollowsperttheGastoniaHousingAuthority:

2BR \$659  
3BR 869

\$659x20units=\$13,180  
869x26units=22,594

Total \$35,774dividedby46units=\$778average rent

.....  
Currentfundingforfiscal year2000forHollyHillApartments

CapitalGrantFund2000	\$91,328
HUDSubsidy	53,312
Total	144,640

\$144,640dividedby552(unitmonthsavailableperyear:46unitsx  
12 months)=\$262averagerentperunit

Basedonth eabove,itappearsthethenantrentwillbehigherifHollyHillis convertedtotenant -basedassistance.

Basedontheabove,itappearsconversiontotenantbasedassistancewill notbeabenefittotheresidentsofHollyHillApartments.