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

PHA Plan

5 Year Plan for Fiscal Years 2003 - 2007
Annual Plan for Fiscal Year 2003

The Housing Authority of the
City of Sanford, North Carolina

NC035v01

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

PHA Plan
Agency Identification

PHA Name: Sanford Housing Authority

PHA Number: NC035

PHA Fiscal Year Beginning: (mm/yyyy) 10/2003

Public Access to Information

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

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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5-YEAR PLAN
PHA FISCAL YEARS 2003 - 2007
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☐ The PHA's mission is: (state mission here)

B. Goals

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

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

☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☒ Apply for additional rental vouchers: **As NOFAs are issued.**
- ☐ Reduce public housing vacancies:
- ☒ Leverage private or other public funds to create additional housing opportunities: **Utilize leveraged private or public funds to create 5 new units every 5 years.**
- ☒ Acquire or build units or developments **Acquire or construct 5 new units every 5 years.**
- ☒ Other (list below) **The Housing Authority will possibly project base up to 20% of its tenant based certificates or vouchers to assist with the financing and development of new affordable housing.**

☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score) **Increase 1% over 5 year period.**
- ☐ Improve voucher management: (SEMAP score)

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- ☒ Increase customer satisfaction: **Provide staff training through independent agencies annually & improve Resident Survey Score by 1% every 3 years.**
- ☐ Concentrate on efforts to improve specific management functions**:** (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units: **Utilize 50% of Annual Capital Funds for Physical Improvements.**
- ☒ Demolish or dispose of obsolete public housing: **Demolish or dispose of distressed Public Housing Units upon receipt of HUD approval.**
- ☒ Provide replacement public housing: **Provide mixed finance replacement housing after approval of demolition or deposition.**
- ☒ Provide replacement vouchers: **Apply for Section 8 to provide replacement housing after demolition or disposition.**
- ☐ Other: (list below)

☒ PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- ☒ Conduct outreach efforts to potential voucher landlords **Contact at least 5 potential landlords per annum.**
- ☐ Increase voucher payment standards
- ☒ Implement voucher homeownership program: **Partner with Agency Non-Profit to implement homeownership program.**
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

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

☒ PHA Goal: Provide an improved living environment

Objectives:

- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: **Implement flat rents at a level to encourage rental by higher income households.**
- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements: **Provide security measures during next 5 years.**
- ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities) **Continue to manage Stewart Manor (NC35-4) & Matthews Court (NC35-2) as elderly/handicapped.**
- ☐ Other: (list below)

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

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☒ Increase the number and percentage of employed persons in assisted families: **Increase employed families by 1% per annum.**
- ☒ Provide or attract supportive services to improve assistance recipients' employability: **Partner with welfare-to-work agencies.**
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities: **Conduct an interagency forum by 09/30/2003.**
- ☐ Other: (list below)

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

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☐ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☒ Other: (list below) **Continue current procedures & implement new procedures every 2 years.**

Other PHA Goals and Objectives: (list below)

- ☒ **Stabilize occupancy; objective – reduce evictions and turnovers by 2% per annum.**

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Annual PHA Plan
PHA Fiscal Year 2003
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

Streamlined Plan:

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

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Public Housing Agency Plan has been completed pursuant to the requirements of the Quality Housing and Work Responsibility Act of 1998 (QHWRA) and 24 CFR Part 903as published in the Federal Register of October 21, 1999.

The PHA's mission is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination, and its goals are: Improve public housing management; renovate or modernize public housing units; implement public housing or other homeownership programs; and provide educational materials which promote healthy and stable families and it's goals are .as follows:

1. **Apply for additional rental vouchers as NOFA's are issued.**
2. **Utilize leveraged private or public funds to create 5 new units every 5 years.**
3. **Acquire or construct 5 new units every 5 years.**
4. **Increase customer satisfaction by providing staff training through independent agencies annually.**
5. **Renovate or modernize public housings units. Utilize 50% of annual capital funds for physical improvement. Install air conditioning in all PHA units.**
6. **Demolish or dispose of distressed public housing upon receipt of HUD approval.**
7. **Provide mixed finance replacement housing after approval of demolition or disposition.**
8. **Conduct outreach efforts to potential voucher landlords by Contacting at least 5 potential landlords per annum.**
9. **Implement flat rents at a level to encourage rental by higher income households.**
10. **Implement public housing security improvements: Provide security measures during next 5 years.**
11. **Increase the number and percentage of employed persons in assisted families: Increase employed families by 1% per annum.**

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12. Provide or attract supportive services to improve assistance recipients' employability: Connect with welfare-to-work agency.
13. Provide or attract supportive services to increase independence for the elderly or families with disabilities. Conduct an interagency forum by 09/30/2003.
14. Stabilize occupancy; objective – reduce evictions and turnovers by 2% per annum.

The Agency Plan is consistent with HUD's Strategic Goals and Objectives and it addresses housing needs, financial resources, policies on eligibility, selection and admissions, rent determination policies, capital improvement needs, demolition and disposition, homeownership, crime and safety, civil rights, and deconcentration.
Definitions of what constitutes a "substantial deviation" from the 5 Year Plan and a "significant amendment or modification" to either the 5 Year Plan of Annual Plan is included in the Agency Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]
Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments	

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

Required Attachments:

A ☒ Admissions Policy for Deconcentration

B ☒ FY 2003 Capital Fund Program Annual Statement

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

Optional Attachments:

☐ PHA Management Organizational Chart

C ☒ FY 2003 Capital Fund Program 5 Year Action Plan

☐ Public Housing Drug Elimination Program (PHDEP) Plan

☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

☒ Other (List below, providing each attachment name)

D - PHA Certifications and Board Resolutions.

E - Statement of Consistency with the Consolidated Plan.

F – FY2003 RHF Annual Statement

G– FY2002 RHF P & E Report

H– FY2002 CFP P & E Report

I- FY 2001 RHF P & E Report

J- FY 2001 CFP P & E Report

K- FY 2000 RHF P & E Report

L- FY 1999 RHF P & E Report

M– Statement of Compliance with Community Service Requirement

N– Community Service Policy

O– Progress on FY2000 Missions & Goals

P– Resident Member on the PHA Governing Board

Q– Membership of the Resident Advisory Board or Boards

R– Management Organizational Chart

S Voluntary Conversion Initial Assessments

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Supporting Documents Available for Review

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

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

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	Administrative Plan	
✓	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
✓	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
✓	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
✓	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	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
✓	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	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
✓	FSS Action Plan/s for public housing and/or Section 8	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 (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
✓	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

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
✓	**Deconcentration Analysis**	**On File at PHA**

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	**1,076**	**5**	**2**	**3**	**4**	**3**	**2**
Income >30% but <=50% of AMI	**715**	**5**	**2**	**3**	**4**	**3**	**2**
Income >50% but <80% of AMI	**832**	**3**	**2**	**3**	**4**	**2**	**2**
Elderly	**531**	**5**	**2**	**3**	**4**	**4**	**2**
Families with Disabilities	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Race/Ethnicity	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Race/Ethnicity	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Race/Ethnicity	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Race/Ethnicity	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

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

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: **1996 State of North Carolina**
☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
☐ American Housing Survey data
Indicate year:
☐ Other housing market study
Indicate year:
☐ Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	**60**		**160**
Extremely low income <=30% AMI	**20**	**33%**	
Very low income (>30% but <=50% AMI)	**23**	**38%**	
Low income (>50% but <80% AMI)	**17**	**29%**	
Families with children	**53**	**88%**	
Elderly families	**2**	**4%**	
Families with Disabilities	**5**	**8%**	
Race/ethnicity	**N/A**	**N/A**	

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Housing Needs of Families on the Waiting List			
WHITE			
Race/ethnicity BLACK	**N/A**	**N/A**	
Race/ethnicity HISPANIC	**N/A**	**N/A**	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	**N/A**	**N/A**	
2 BR	**N/A**	**N/A**	
3 BR	**N/A**	**N/A**	
4 BR	**N/A**	**N/A**	
5 BR	**N/A**	**N/A**	
5+ BR			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☒ Section 8 tenant-based assistance

☐ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	**249**		**50**
Extremely low income <=30% AMI	**205**	**82%**	
Very low income (>30% but <=50% AMI)	**25**	**10%**	
Low income (>50% but <80% AMI)	**19**	**8%**	

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Housing Needs of Families on the Waiting List			
Families with children	**211**	**85%**	
Elderly families	**11**	**4%**	
Families with Disabilities	**27**	**11%**	
Race/ethnicity WHITE	**60**	**24%**	
Race/ethnicity BLACK	**186**	**75%**	
Race/ethnicity HISPANIC	**3**	**1%**	
Race/ethnicity ASIAN			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

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C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

REFER TO THE FOLLOWING STRATEGIES AND REASONS

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

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Need: Specific Family Types: Families at or below 30% of median
Strategy 1: Target available assistance to families at or below 30 % of AMI
Select all that apply

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

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

Strategy 1: Target available assistance to families at or below 50% of AMI
Select all that apply

☒ Employ admissions preferences aimed at families who are working
☒ Adopt rent policies to support and encourage work **: Continue to support working families.**
☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:
Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

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2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2003 grants)**		
a) Public Housing Operating Fund	**$924,278.00**	
b) Public Housing Capital Fund	**$684,523.00**	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	**$1,265,087.00**	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below) **RHF '03**	**$36,487.00**	**Replacement Housing**
2. Prior Year Federal Grants (unobligated funds only) (list below)		
RHF 99, 00, 01 & 02	**$122,596.00**	**Replacement Housing**
CFP 02	**$301,436.00**	**Modernization**
3. Public Housing Dwelling Rental Income		
FFY02 Rental Income	**$677,156.00**	**Operation & Maintenance**

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Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
4. Other income (list below)		
Investment Interest	**$11,231.00**	**Operation, Maintenance & Reserves**
Other Income	**$154,317.00**	**Operation, Maintenance & Reserves**
5. Non-federal sources (list below)		
Total resources	**$4,177,111.00**	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

☒ When families are within a certain number of being offered a unit: (state number) **3-4**
☐ When families are within a certain time of being offered a unit: (state time)
☐ Other: (describe)

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

☒ Criminal or Drug-related activity
☒ Rental history
☐ Housekeeping
☐ Other (describe)

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

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

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

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(2)Waiting List Organization

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

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

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

☒ PHA main administrative office
☐ PHA development site management office
☐ Other (list below)

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

1. How many site-based waiting lists will the PHA operate in the coming year?**NONE**

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

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

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

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

(3) Assignment

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

☒ One
☐ Two
☐ Three or More

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

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

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(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

☒ Emergencies
☒ Overhoused
☒ Underhoused
☒ Medical justification
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☒ Other: (list below) **Disability – to make appropriate unit.**

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

1 Date and Time

Former Federal preferences:

3 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

2 Victims of domestic violence
Substandard housing

2 Homelessness
High rent burden

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

a. ☒ Yes ☐ No: 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.

b. ☐ 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.

If yes, list these 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)]**

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.
Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

☐ Criminal or drug-related activity only to the extent required by law or regulation
☐ Criminal and drug-related activity, more extensively than required by law or regulation
☒ More general screening than criminal and drug-related activity (list factors below) **Screen family for violation of family obligation during a two year period prior to final eligibility determination. The family must pay any outstanding debt owed the PHA or another PHA as a result of prior participation in any federal housing program within thirty days of PHA notice to repay.**
☐ Other (list below)

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
☒ Criminal or drug-related activity
☒ Other (describe below) **Previous address & landlord; current address & landlord.**

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
☐ PHA main administrative office
☒ Other (list below) **Section 8 Office.**

(3) Search Time

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

If yes, state circumstances below:

Extenuating circumstances, family emergency, hospitalization, reasonable effort did not produce unit. A disabled family unable to find unit due to disability requirement.

(4) Admissions Preferences
a. Income targeting

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

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

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

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Former Federal preferences

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

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☒ Other preference(s) (list below) **displaced/disaster/government action/elderly disabled/non-assisted families other.**

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

1 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

3☒ Other preference(s) (list below) **Displaced/disaster/government action/elderly/disabled family/non-assisted families/other families**

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

☒ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

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

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

☒ The Section 8 Administrative Plan
☐ Briefing sessions and written materials
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

☒ Through published notices
☒ Other (list below) **Flyers and through local government service providers.**

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of

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unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

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

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)
☐ $0
☐ $1-$25
☒ $26-$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If yes to question 2, list these policies below**: Resident hardship policy.**

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

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

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

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)
☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

☐ For household heads
☐ For other family members
☒ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

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

☐ Yes for all developments
☐ Yes but only for some developments
☒ No

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

☐ For all developments
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments
☐ For certain parts of developments; e.g., the high-rise portion
☐ For certain size units; e.g., larger bedroom sizes
☒ Other (list below) **Not Applicable**

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

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The "rental value" of the unit
☒ Other (list below) **Not Applicable**

f. Rent re-determinations:

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

☐ Never
☒ At family option
☐ Any time the family experiences an income increase
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
☒ Other (list below) **Increases in income must be reported between annual reexams but rent is not increased.**

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

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(2) Flat Rents

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

☒ The section 8 rent reasonableness study of comparable housing
☒ Survey of rents listed in local newspaper
☒ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies**.**

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

☐ At or above 90% but below100% of FMR
☒ 100% of FMR
☐ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

☒ Annually
☐ Other (list below)

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

☒ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

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

☐ $0
☐ $1-$25
☒ $26-$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below) **Resident hardship policy.**

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

☒ An organization chart showing the PHA's management structure and organization is attached.
☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	**447**	**160**
Section 8 Vouchers	**366**	**50**
Section 8 Certificates	**N/A**	**N/A**
Section 8 Mod Rehab	**N/A**	**N/A**
Special Purpose Section 8 Certificates/Vouchers (list individually)	**N/A**	**N/A**
Public Housing Drug Elimination Program (PHDEP)	**447**	**94**
Other Federal Programs(list individually)		
Capital Program	**447**	**94**

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C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below) Management Procedural Policy, Rent Determination Policy, Pest control extermination on a weekly cycle, Safety Policy, Personnel Policy, Emergency Work Order Policy, Maintenance Plan & Inspection Policy, A & O Policy, Capitalization Policy, Disposition Policy, One Strike Policy, Procurement Policy, Grievance Policy, Travel Policy, Lease.

(2) Section 8 Management: (list below) Section 8 management Manual, A & O Policy, Administrative Plan, Briefing Packet, HQS, Pest Control addressed under HQS & Personnel Policy, One Strike Policy, Procurement Policy, Capitalization Policy, Disposition Policy, Investment Policy, Travel Policy.

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

☒ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

☐ PHA main administrative office
☒ Other (list below)
Section 8 Office – 338 Temple Avenue

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7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment **B**

-or-

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

(2) Optional 5-Year Action Plan

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

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment **C**

-or-

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

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

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

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
   - ☐ Revitalization Plan under development
   - ☐ Revitalization Plan submitted, pending approval
   - ☐ Revitalization Plan approved
   - ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

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2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: Linden Heights Development - 236 & 238 Tally Ave. 1b. Development (project) number: NC035-001A
2. Activity type: Demolition ☒ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☒
4. Date application approved, submitted, or planned for submission: 3/31/04
5. Number of units affected: 2 6. Coverage of action (select one) ☒ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: 6/30/04 b. Projected end date of activity: 9/30/04

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

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

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

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11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

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

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B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA established eligibility criteria

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

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

☒ Client referrals
☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☒ Jointly administer programs

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☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
FSS Program	40	I.D. & recruit	Section 8 Office	Section 8
Resident Councils	20	Elections	Community based	Public Housing

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(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	N/A	N/A
Section 8	12	30

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

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
☒ Informing residents of new policy on admission and reexamination
☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
☐ Other: (list below)

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

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13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

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

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

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

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

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

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

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

C. Coordination between PHA and the police

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

☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
☐ Police provide crime data to housing authority staff for analysis and action
☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
☐ Police regularly testify in and otherwise support eviction cases
☐ Police regularly meet with the PHA management and residents
☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
☐ Other activities (list below)

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

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?
☐ Yes ☐ No: This PHDEP Plan is an Attachment.

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14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

SANFORD HOUSING AUTHORITY

PET POLICY REGARDING

House Rules Governing the Owning and Keeping of Household Pets

PET POLICY

Effective August 9, 2000, all residents in properties owned or managed by the Sanford Housing Authority (SHA) are allowed to own and keep certain common household pets in their respective units.

EXCLUSIONS

This policy does not apply to animals that are used to assist persons with disabilities. Animals used to assist those residents with disabilities are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

To be excluded from the pet policy, the resident/pet owner must certify:

That there is a person with disabilities in the household; and

That the animal has been trained to assist with the specified disability.

TYPES OF PETS

Those common household pets are limited to small dogs, small cats, tropical birds such as parakeets, budgies, etc.; and fish suitable for and commonly kept in a home aquarium. They do not include dangerous breeds of dogs (such as Doberman Pinschers, Pit Bulls, or Rottweilers) of any ages or size; any bird other than small tropical birds which are commonly kept as pets; or dangerous fish. No other animals other than those listed in this paragraph may be kept as pets on any Housing Authority property.

RULES FOR OWNING PETS

1. Approval by the SHA as evidenced by a signed Pet Ownership Form must be obtained prior to a resident owning and/or keeping a pet in the dwelling unit.
2. There is a limit of one pet per dwelling unit, with the exception of fish and birds.
3. A dog or cat must not weigh over 20 pounds when fully grown. Dogs and cats must be on a leash and accompanied by the owner whenever outside the dwelling unit. Birds must be caged at all times. Aquariums cannot exceed ten (10) gallons of water each.
4. There is a mandatory pet deposit in an amount of $150.00 for a dog or cat, one-half of which must be paid at the time of the execution of the Pet Ownership Form allowing the pet to be present. The balance of the pet deposit must be paid in monthly amounts no less than $25.00 per month, exclusive of the rent or other charges until the full amount of the deposit is paid. The pet deposit is in addition to the security deposit paid by the resident.

   The pet deposit may be used by the SHA in its discretion to pay for reasonable expenses directly attributable to the presence of the dog or cat in the property, including (but not limited to) the cost of repairs and replacement to, and fumigation's of, the resident's dwelling unit, as well as pet-caused damage to any public or common areas. In the event that the pet deposit or any part of it is used by the SHA to pay for such reasonable expenses, the SHA will notify the resident and the resident will be required to replenish the deposit in accordance with paragraph 1 of this rule.

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The SHA shall refund the unused portion of the pet deposit to the resident within a reasonable time after the resident has moved from the property or no longer owns or keeps a pet in the dwelling unit.

5. Residents will be prohibited from owning and keeping pets in the dwelling unit or on SHA property, which the SHA reasonably believes to be dangerous to other residents, staff, or pets. This includes dangerous breeds of pets such as Doberman Pinschers, Pit Bulls and Rottweilers, regardless of their sizes.
6. Residents must abide by all state and local laws and ordinances governing the owning and keeping of pets, including all licensing and permit requirements, where applicable.
7. Pets must be registered with the SHA before they are brought onto SHA property. Registration includes certificate signed by a licensed veterinarian showing that the dog or cat has had all inoculations and has been spayed or neutered, and that the pet has no communicable disease(s) and is pest free.

PET CARE

A. No outside cages, fences, or houses are permitted
B. Waste shall be disposed of immediately and properly in sealed plastic bags. Litter in cat litter boxes must be disposed of no less than twice per week; waste must be scooped from cat litter boxes no less than daily. Precautions must be taken by the resident to eliminate odors and maintain sanitary conditions inside the unit.
C. Food for pets must be sealed in a container kept inside the unit.
D. Pets will not be allowed in areas such as lobbies, meeting rooms and laundry rooms. Dogs and cats must be carried on elevators and when passing through common areas to the outside. Dogs and cats must be kept on leashes when outside on SHA property.
E. Dogs and cats cannot be left alone over (8) hours. The SHA will attempt to contact the pet owner or responsible parties designated by the pet owner if any pet has been left unattended for more than 24 hours; however, in the event the SHA is unable to obtain a favorable response to those efforts, the SHA may remove or cause the appropriate authorities to remove the pet to a kennel or other facility, which will be at the owner's expense.
F. The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas. Repeated substantiated complaints by neighbors or SHA personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself/

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any other resident at any time during the day or night, shall be considered a nuisance.

G. Residents cannot take pets with them while visiting other SHA residents. Visitors will not be allowed to bring pets onto SHA property for the purpose of either visiting or pet sitting. Neighbors who pet-sit must do so in the pet owner's apartment.

H. Exterminations of fleas, mites, etc. at the pet owner's apartment will be the resident's responsibility; exterminations for fleas in common areas and in neighboring apartments shall be undertaken at the pet owner's expense.
I. The SHA assumes no responsibility for pets during its own pest extermination program. The resident will be required to remove the pet during the SHA sponsored exterminations.
J. The SHA reserves the right to inspect any pet owner's unit without prior notice if the SHA has reasonable cause to suspect the pet is not being cared for and/or that the resident is unable to care for the pet properly.
K. The resident must be present during a scheduled dwelling unit inspection and any maintenance work order service if the unit is occupied by a dog, cat or other unrestrained ambulatory pet.

PET SAFETY

A. The SHA reserves the right to refuse pet ownership to any resident whom the SHA has reason to believe is unable to care for a pet properly.
B. Pets are not to be left chained or leashed outside the dwelling unit or anywhere on SHA property.
C. Pets must be leashed and restrained under the control of a responsible person while being exercised outside the resident's dwelling unit.
D. Any pet waste must be scooped, bagged and properly disposed of immediately in all areas, including pet waste dropped outdoors.
E. The SHA has the right to require removal of a pet if the pet's conduct or condition is determined to constitute a nuisance or threat to other residents, visitors, or staff.
F. Any pet which bites, attacks or threatens a human or animal shall be removed from SHA property and permanently banned from all property owned by the SHA.

EMERGENCIES

A. Prior to obtaining a pet, the resident must have at least two responsible persons who will sign a statement agreeing to remove the pet from the premises if the owner becomes ill or incapacitated or dies.

B. The SHA has the right to remove the pet to a shelter at resident's expense in the case of emergency.

PET POLICY VIOLATION

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Policy, written notice will be served.

The notice will contain a brief statement of the factual basis for the determination and the pet rule(s), which were violated. The notice will also state:

That the resident/pet owner has 7 days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

NOTICE FOR PET REMOVAL

If the resident/pet owner and the SHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the SHA, the SHA may serve notice to remove the pet.

The notice shall contain:

A brief statement of the factual basis for the SHA' s determination of the Pet Rule that has been violated;

The requirement that the resident/pet owner must remove the pet within 7 days of this notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

TERMINATION OF TENANCY

The SHA may initiate procedures for termination of tenancy based on a pet rule violation if;

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

DISCLAIMERS

The SHA carries no insurance for pet owners with respect to any action by or to their pets.

The SHA reserves the right to create pet-free areas within any SHA property; in which event, a pet owner may be required to relocate to another dwelling unit.

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))?
   (If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☒ Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?
   If yes, how many unresolved findings remain?____
5. ☒ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
   If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☐ Not applicable
☐ Private management
☒ Development-based accounting
☒ Comprehensive stock assessment
☐ Other: (list below)

3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

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18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
☐ Attached at Attachment
☐ Provided below:

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

☐ Other: (list below)

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

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)
☐ Candidates were nominated by resident and assisted family organizations
☐ Candidates could be nominated by any adult recipient of PHA assistance
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
☐ Other: (describe)

b. Eligible candidates: (select one)
☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization
☐ Other (list)

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c. Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
☐ Representatives of all PHA resident and assisted family organizations
☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: **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 the initiatives contained in the Consolidated Plan. (list below)
☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
SEE ATTACHMENT E

D. Other Information Required by HUD

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

Definitions for a substantial deviation from a 5-Year Plan and a significant amendment or modification to a 5-Year Plan and Annual Plan:

Substantial deviations or significant amendments or modifications are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as required by HUD.

Attachments

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

A - ADMISSIONS POLICY FOR DECONCENTRATION

B - FY 2003 CAPITAL FUND PROGRAM ANNUAL STATEMENT

C - FY 2003 CAPITAL FUND PROGRAM 5 YEAR ACTION PLAN

D – PHA CERTIFICATIONS & BOARD RESOLUTIONS

E – STATEMENT OF CONSISTENCY WITH THE CONSOLIDATED PLAN.

F – FY2003 RHF ANNUAL STATEMENT

G – FY2002 RHF P & E REPORT

H – FY2002 CFP P & E REPORT

I – FY 2001 RHF P & E REPORT

J – FY2001 CFP P & E REPORT

K – FY 2000 RHF P & E REPORT

L – FY 1999 RHF P & E REPORT

M – STATEMENT OF COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

N – COMMUNITY SERVICE POLICY

O – PROGRESS ON FY2000 MISSIONS & GOALS

P – RESIDENT MEMBER ON THE PHA GOVERNING BOARD

Q – MEMBERSHIP OF THE RESIDENT ADVISORY BOARD OR BOARDS

R – MANAGEMENT ORGANIZATIONAL CHART

S – VOLUNTARY CONVERSION INITIAL ASSESSMENTS

ATTACHMENT A

Admissions Policy for Deconcentration

DECONCENTRATION POLICY

It is Sanford Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Towards this end, we will skip families on the waiting list to reach other families with a lower of higher income. We will accomplish this in a uniform and non-discriminating manner.

The Sanford Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

The Sanford Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and non-discriminatory manner.

When the Sanford Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The Sanford Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given three (3) business days from the date the letter was mailed to contact the Sanford Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit. After the opportunity to view the unit, the family will have 24 hours to accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Sanford Housing Authority will send the family a letter documenting the offer and the rejection.

ATTACHMENT B-FY2003 ANNUAL STATEMENT

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Sanford Housing Authority, Sanford, NC	Grant Type and Number Capital Fund Program Grant No: **NC19P03550103** Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☒ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **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	$136,000.00			
3	1408 Management Improvements	$15,000.00			
4	1410 Administration	$68,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$37,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$328,523.00			
11	1465.1 Dwelling Equipment—Nonexpendable	$15,000.00			
12	1470 Nondwelling Structures	$85,000.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$684,523.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 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: Sanford Housing Authority, Sanford, NC		Grant Type and Number Capital Fund Program Grant No: **NC19P03550103** Replacement Housing Factor Grant No:				Federal FY of Grant: **2003**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	OPERATIONS							
PHA-WIDE	Operations	1406	447 Units	$136,000.00				
	SUBTOTAL			**$136,000.00**				
	MANAGEMENT IMPROVEMENTS							
PHA-WIDE	Management Improvements	1408	447 Units	$15,000.00				
	SUBTOTAL			**$15,000.00**				
	ADMINISTRATION							
PHA-WIDE	Administration	1410	447 Units	$68,000.00				
	SUBTOTAL			**$68,000.00**				
	FEES &COSTS							
PHA-WIDE	a. Architects fee to prepare bid and contract	1430.1	447 Units	$34,000.00				
	documents, drawings, specifications and							
	assist the PHA at bid opening, awarding							
	the contract, and to supervise the							
	construction work on a periodic basis.							
	Fee to be negotiated. Contract Labor.							
	Subtotal			**$34,000.00**				
PHA-WIDE	b. Consulting fees for Agency Plan	1430.2	447 Units	$3,000.00				
	preparation and Annual updates.							
	Subtotal			**$3,000.00**				
	SUBTOTAL			**$37,000.00**				

Table Library

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

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550103** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2003**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	DWELLING STRUCTURES							
NC35-1	a. Complete renovation of 10 Units	1460	10 Units	$300,000.00				
	@ 1A & B (Phase II)							
	Subtotal			**$300,000.00**				
PHA Wide	b. Install gutters – As needed	1460	28 Units	$28,523.00				
	Subtotal			**$28,523.00**				
	SUBTOTAL			**$328,523.00**				
	DWELLING EQUIPMENT							
	NON-EXPENDABLE							
PHA-Wide	Replace ranges & refrigerators	1465.1	15 Units	$15,000.00				
	SUBTOTAL			**$15,000.00**				
	NON-DWELLING STRUCTURES							
PHA-WIDE	Renovate existing AMC spaces/purchase	1470	1	$85,000.00				
	new Facility Phase III							
	SUBTOTAL			**$85,000.00**				
	GRAND TOTAL			**$684,523.00**				

Table Library

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

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program No: **NC19P03550103** Replacement Housing Factor No:	**Federal FY of Grant: 2003**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	10/1/05			10/1/07			
NC35-1	10/1/05			10/1/07			
NC35-2	10/1/05			10/1/07			
NC35-3	10/1/05			10/1/07			
NC35-4	10/1/05			10/1/07			
NC35-5	10/1/05			10/1/07			
NC35-6	10/1/05			10/1/07			
NC35-7	10/1/05			10/1/07			

NC35-1=120 Apts.
NC35-2=50 Apts.
NC35-3=57 Apts.
NC35-4=100 Apts.
NC35-5=25 Apts.
NC35-6=55 Apts.
NC35-7=40 Apts.
Total=447 Apts.

Table Library

ATTACHMENT C-FY2003 CFP 5 YEAR ACTION PLAN

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name: Sanford Housing Authority, Sanford, NC				☒ **Original 5-Year Plan** ☐ **Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
HA WIDE	Annual Statement	$484,583.00	$234,523.00	$163,908.00	$193,908.00
NC35-1		$200,000.00	$400,000.00	$370,615.00	$350,615.00
NC35-2		$0.00	$0.00	$50,000.00	$0.00
NC35-3		$0.00	$50,000.00	$0.00	$0.00
NC35-4		$0.00	$0.00	$0.00	$20,000.00
NC35-5		$0.00	$0.00	$0.00	$20,000.00
NC35-6		$0.00	$0.00	$100,000.00	$0.00
NC35-7		$0.00	$0.00	$0.00	$100,000.00
CFP Funds Listed for 5-year planning		$684,523.00	$684,523.00	$684,523.00	$684,523.00
Replacement Housing Factor Funds		$36,487.00	$36,487.00	$36,487.00	$36,487.00

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 3 FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	PHA-WIDE	Operations	$84,583.00	PHA-WIDE	Operations	$56,908.00
	PHA-WIDE	Management Improvements	$15,000.00	PHA-WIDE	Management Improvements	$15,000.00
Annual	PHA-WIDE	Fees & Costs	$37,000.00	PHA-WIDE	Fees & Costs	$37,000.00
Statement	PHA-WIDE	Dwelling Equipment		PHA-WIDE	Dwelling Equipment	
		Range & Refrigerator	$15,000.00		Range & Refrigerator	$15,000.00
	PHA-WIDE	Roofing	$100,000.00	PHA-WIDE	Non-Dwelling Construction	
	PHA-WIDE	Electrical Wiring	$50,000.00		Renovate Community Spaces	$20,000.00
	PHA-WIDE	Replace Retaining Walls	$25,000.00	PHA-WIDE	Non-Dwelling Equipment	
	PHA-WIDE	Replace Flooring	$25,000.00		Mower, Vehicle	$25,000.00
	PHA-WIDE	Resurface Parking Areas	$50,000.00	PHA-Wide	Replace Kitchen Cabinets	$65,615.00
	PHA-WIDE	Upgrade Stoops & Sidewalks	$75,000.00		**SUBTOTAL**	**$234,523.00**
	PHA-WIDE	Housing Inspections	$8,000.00			
		SUBTOTAL	**$484,583.00**	NC35-1A & B	Complete Renovation	$400,000.00
					Phase IV	
	NC35-1A & B	Complete Renovation	$100,000.00		**SUBTOTAL**	**$400,000.00**
		Phase III				
		Security Screens	$100,000.00	NC35-3	Paving, Sidewalks, Drainage,	$50,000.00
		SUBTOTAL	**$200,000.00**		Grading, Landscaping	
					SUBTOTAL	**$50,000.00**
Total CFP Estimated Cost			**$684,583.00**			**$684,583.00**

Table Library

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year: 4 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2007		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PHA-WIDE	Operations	$56,908.00	PHA-WIDE	Operations	$56,908.00
PHA-WIDE	Management Improvements	$20,000.00	PHA-WIDE	Management Improvements	$20,000.00
PHA-WIDE	Fees & Costs	$37,000.00	PHA-WIDE	Fees & Costs	$37,000.00
PHA-WIDE	Dwelling Equipment		PHA-WIDE	Dwelling Equipment	
	Range & Refrigerator	$15,000.00		Range & Refrigerator	$5,000.00
PHA-WIDE	Non-Dwelling Construction		PHA-WIDE	Non-Dwelling Construction	
	Renovate Community Spaces	$20,000.00		AMC Spaces	$20,000.00
PHA-WIDE	Non-Dwelling Equipment		PHA-WIDE	Non-Dwelling Equipment	
	Mower	$15,000.00		Copier	$15,000.00
	SUBTOTAL	**$163,908.00**	PHA-WIDE	Demolition	
				Determine Need	$20,000.00
NC35-1A & B	Complete Renovation	$370,615.00	PHA-WIDE	Development Activities	
	Phase V			Determine Feasibility	$20,000.00
	SUBTOTAL	**$370,615.00**		**SUBTOTAL**	**$193,908.00**
			NC35-1A & B	Complete Renovation	$350,615.00
NC35-2	Paving, Grading, Landscaping,			Phase VI	
	Utilities & Drainage (Phase II)	$50,000.00		**SUBTOTAL**	**$350,615.00**
	SUBTOTAL	**$50,000.00**	NC35-4	Walls, Ceilings, Floors, & Doors	$20,000.00
				SUBTOTAL	**$20,000.00**
NC35-6	Walls, Ceilings, Floors & Doors	$100,000.00	NC35-5	Walls, Ceilings, Floors, & Doors	$20,000.00
	SUBTOTAL	**$100,000.00**		**SUBTOTAL**	**$20,000.00**
			NC35-7	Walls, Ceilings, Floors, & Doors	$100,000.00
				SUBTOTAL	**$100,000.00**
Total CFP Estimated Cost		**$684,583.00**			**$684,583.00**

ATTACHMENT D

PHA Certifications and Board Resolutions

Originals forwarded to local HUD office under separate cover.

ATTACHMENT E

Statement of Consistency with the Consolidated Plan.

Originals forwarded to local HUD office under separate cover.

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.

Annual PHDEP Plan Table of Contents:

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

Section 1: General Information/History

A. Amount of PHDEP Grant $

B. Eligibility type (Indicate with an "x") N1_____ N2_____ R_____

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

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.

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)

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).

6 Months_____ 12 Months____ 18 Months_____ 24 Months_____ Other _____

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. 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	Anticipated Completion Date

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.

FY PHDEP Budget Summary	
Budget Line Item	**Total Funding**
9110 - Reimbursement of Law Enforcement	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 – Drug Intervention	
9180 – Drug Treatment	
9190 – Other Program Costs	
TOTAL PHDEP FUNDING	

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: $**
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	PHEDEP 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	PHEDEP 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	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention							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.							

9170 - Drug Intervention							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.							

9180 - Drug Treatment							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.							

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.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	**25% Expenditure of Total Grant Funds By Activity #**	**Total PHDEP Funding Expended (sum of the activities)**	**50% Obligation of Total Grant Funds by Activity #**	**Total PHDEP Funding Obligated (sum of the activities)**
e.g Budget Line Item # 9120	*Activities 1, 3*		*Activity 2*	
9110				
9120				
9130				
9140				
9150				
9160				
9170				
9180				
9190				
TOTAL				

Section 4: Certifications

ATTACHMENT F-FY2003 RHF ANNUAL STATEMENT

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Sanford Housing Authority, Sanford, NC	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550103**	Federal FY of Grant: 2003

☒ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	$36,487.00			
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$36,487.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 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: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550103**				**Federal FY of Grant: 2003**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	DEVELOPMENT ACTIVITIES							
NC35-3	Replacement Housing	1499	5 Units	$36,487.00				
	SUBTOTAL			**$36,487.00**				
	GRAND TOTAL			**$36,487.00**				

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

PHA Name: Sanford Housing Authority. Sanford, NC	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: **NC19R03550103**	**Federal FY of Grant: 2003**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC35-3	09/30/08			12/30/09			

NC35-1=120 apts.
NC35-2=50 apts.
NC35-3=57 apts.
NC35-4=100 apts.
NC35-5=25 apts.
NC35-6=55 apts.
NC35-7=40 apts.

ATTACHMENT G-FY2002 RHF P & E REPORT

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Sanford Housing Authority, Sanford, NC	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550102**	Federal FY of Grant: 2002

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/03** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	$36,487.00		$0.00	$0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$36,487.00		$0.00	$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Table Library

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550102**				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	DEVELOPMENT ACTIVITIES							
NC35-3	Replacement Housing	1499	5 Units	$36,487.00		$0.00	$0.00	No Work
								To date
	SUBTOTAL			**$36,487.00**		**$0.00**	**$0.00**	
	GRAND TOTAL			**$36,487.00**		**$0.00**	**$0.00**	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part III: Implementation Schedule

PHA Name: Sanford Housing Authority. Sanford, NC	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: **NC19R03550102**	**Federal FY of Grant: 2002**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC35-3	09/30/07			12/30/08	09/30/09		PHA has not accumulated adequate funds and PHA has
							Not received approval of a development proposal.
							Need maximum time frame for expenditure of funds
							From obligation end date of 09/30/07.

NC35-1=120 apts.
NC35-2=50 apts.
NC35-3=57 apts.
NC35-4=100 apts.
NC35-5=25 apts.
NC35-6=55 apts.
NC35-7=40 apts.

ATTACHMENT H-FY2002 CFP P & E REPORT

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #1***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550102** Replacement Housing Factor Grant No:	**Federal FY of Grant: 2002**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/03** ☐ **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	**$136,904.00**		**$53,633.00**	**$52,232.00**
3	1408 Management Improvements	**$40,000.00**		**$0.00**	**$0.00**
4	1410 Administration	**$40,000.00**		**$40,000.00**	**$9,213.00**
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	**$30,506.00**		**$30,506.00**	**$1,250.00**
8	1440 Site Acquisition				
9	1450 Site Improvement	**$20,000.00**		**$0.00**	**$0.00**
10	1460 Dwelling Structures	**$295,713.00**		**$143,548.00**	**$0.00**
11	1465.1 Dwelling Equipment—Nonexpendable	**$12,000.00**		**$6,000.00**	**$5,180.00**
12	1470 Nondwelling Structures	**$89,400.00**		**$89,400.00**	**$14,900.00**
13	1475 Nondwelling Equipment	**$20,000.00**		**$20,000.00**	**$17,391.00**
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	**$684,523.00**		**$383,087.00**	**$100,166.00**
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	**$120,000.00**		**$120,000.00**	**$0.00**

Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #1***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3-31-03

Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550102** 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	OPERATIONS							
PHA-WIDE	Operations	1406	447 Units	$136,904.00		$53,633.00	$52,232.00	Prog-
	SUBTOTAL			**$136,904.00**		**$53,633.00**	**$52,232.00**	ressing
	MANAGEMENT IMPROVEMENTS							
PHA-WIDE	Salary & benefits for Resident Services	1408	447 Units	$40,000.00		$0.00	$0.00	No
	Coordinator.							Work
	SUBTOTAL			**$40,000.00**		**$0.00**	**$0.00**	
	ADMINISTRATION							
PHA-WIDE	Prorate staff salaries including benefits.	1410	447 Units	$40,000.00		$40,000.00	$9,213.00	Prog-
	SUBTOTAL			**$40,000.00**		**$40,000.00**	**$9,213.00**	ressing
	FEES &COSTS							
PHA-WIDE	a. Architects fee to prepare bid and contract	1430.1	447 Units	$29,256.00		$29,256.00	$0.00	Cont.
	documents, drawings, specifications and							Exec.
	assist the PHA at bid opening, awarding							
	the contract, and to supervise the							
	construction work on a periodic basis.							
	Fee to be negotiated. Contract Labor.							
	Subtotal			**$29,256.00**		**$29,256.00**	**$0.00**	
PHA-WIDE	b. Consulting fees for Agency Plan	1430.2	447 Units	$1,250.00		$1,250.00	$1,250.00	Com-
	preparation and Annual updates.							plete
	Subtotal			**$1,250.00**		**$1,250.00**	**$1,250.00**	
	SUBTOTAL			**$30,506.00**		**$30,506.00**	**$1,250.00**	

Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #1***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3-31-03

Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550102** 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	SITE IMPROVEMENTS							
NC35-2	Paving, Grading, Landscaping, Utilities	1450	50 Units	$20,000.00		$0.00	$0.00	No
	& Drainage (Phase I)							Work
	SUBTOTAL			**$20,000.00**		**$0.00**	**$0.00**	
	DWELLING STRUCTURES							
NC35-1	a. Replace deteriorated heating systems	1460	70 Units	$120,000.00		$120,000.00	$0.00	Cont.
	with new HVAC systems & replace							Exec.
	water heating systems as applicable							
	Site 1A Phase II							
	Subtotal			**$120,000.00**		**$120,000.00**	**$0.00**	
NC35-1	b. Interior Improvements	1460	115 Units	$115,713.00		$23,548.00	$0.00	Cont.
	Sites 1A & 1B (Phase I)							Exec.
	Subtotal			**$115,713.00**		**$23,548.00**	**$0.00**	
NC35-1	c. Correct Unit Settlement	1460	5 Units	$50,000.00		$0.00	$0.00	No
NC35-3		1460	1 Unit	$10,000.00		$0.00	$0.00	Work
	Subtotal			**$60,000.00**		**$0.00**	**$0.00**	
	SUBTOTAL			**$295,713.00**		**$143,548.00**	**$0.00**	

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Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #1***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3-31-03

Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550102** 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	DWELLING EQUIPMENT							
	NON-EXPENDABLE							
PHA-WIDE	Ranges & Refrigerators	1465.1	12 Units	$12,000.00		$6,000.00	$5,180.00	Prog-
	SUBTOTAL			**$12,000.00**		**$6,000.00**	**$5,180.00**	ressing
	NON-DWELLING STRUCTURES							
PHA-WIDE	Renovate existing AMC spaces/purchase	1470	1	$89,400.00		$89,400.00	$14,900.00	Prog-
	new Facility Phase II							ressing
	SUBTOTAL			**$89,400.00**		**$89,400.00**	**$14,900.00**	
	NON-DWELLING EQUIPMENT							
PHA-WIDE	Computers, furniture & vehicles	1475	447 Units	$20,000.00		$20,000.00	$17,391.00	
	SUBTOTAL			**$20,000.00**		**$20,000.00**	**$17,391.00**	
	GRAND TOTAL			**$684,523.00**		**$383,087.00**	**$100,166.00**	

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Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #1***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03

Part III: Implementation Schedule

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program No: **NC19P03550102** Replacement Housing Factor No:	**Federal FY of Grant: 2002**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	10/1/04	09/11/04		10/1/06	09/11/06		Need maximum time frames allowed by HUD per
NC35-1	10/1/04	09/11/04		10/1/06	09/11/06		LOCC's contract Dates.
NC35-2	10/1/04	09/11/04		10/1/06	09/11/06		«
NC35-3	10/1/04	09/11/04		10/1/06	09/11/06		«
NC35-4	10/1/04	09/11/04		10/1/06	09/11/06		«
NC35-5	10/1/04	09/11/04		10/1/06	09/11/06		«
NC35-6	10/1/04	09/11/04		10/1/06	09/11/06		«
NC35-7	10/1/04	09/11/04		10/1/06	09/11/06		«

NC35-1=120 Apts.
NC35-2=50 Apts.
NC35-3=57 Apts.
NC35-4=100 Apts.
NC35-5=25 Apts.
NC35-6=55 Apts.
NC35-7=40 Apts.
Total=447 Apts.

ATTACHMENT I-FY2001 RHF P & E REPORT

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Sanford Housing Authority, Sanford, NC	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550101**	Federal FY of Grant: 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/03** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	$37,001.00		$0.00	$0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$37,001.00		$0.00	$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550101**				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	DEVELOPMENT ACTIVITIES							
NC35-3	Replacement Housing	1499	5 Units	$37,001.00		$0.00	$0.00	No Work
								To Date
	SUBTOTAL			**$37,001.00**		**$0.00**	**$0.00**	
	GRAND TOTAL			**$37,001.00**		**$0.00**	**$0.00**	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part III: Implementation Schedule

PHA Name: Sanford Housing Authority. Sanford, NC	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: **NC19R03550101**	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC35-3	09/30/06			12/30/07	09/30/08		PHA has not accumulated adequate funds and PHA has
							Not received approval of a development proposal.
							Need maximum time frames for expenditure of funds
							From obligation end date of 9/30/06.

NC35-1=120 apts.
NC35-2=50 apts.
NC35-3=57 apts.
NC35-4=100 apts.
NC35-5=25 apts.
NC35-6=55 apts.
NC35-7=40 apts.

ATTACHMENT J-FY2001 CFP P & E REPORT

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report *Based on Budget Revision #2*
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Sanford Housing Authority, Sanford, NC	Grant Type and Number Capital Fund Program Grant No: **NC19P03550101** Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/03** ☐ **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	$113,000.00		$113,000.00	$113,000.00
3	1408 Management Improvements	$42,515.84		$42,515.84	$37,515.84
4	1410 Administration	$36,028.16		$36,028.16	$36,028.16
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$49,972.67		$49,972.67	$36,518.82
8	1440 Site Acquisition				
9	1450 Site Improvement	$6,685.00		$6,685.00	$6,685.00
10	1460 Dwelling Structures	$292,522.33		$292,522.33	$198,084.00
11	1465.1 Dwelling Equipment—Nonexpendable	$12,594.00		$12,594.00	$12,594.00
12	1470 Nondwelling Structures	$172,793.00		$172,793.00	$172,793.00
13	1475 Nondwelling Equipment	$14,503.00		$14,503.00	$14,503.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$740,614.00		$740,614.00	$627,721.82
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	$114,352.84		$114,352.84	$51,424.00

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Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #2***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03

Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550101** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	OPERATIONS							
PHA-WIDE	Operations	1406	447 Units	$113,000.00		$113,000.00	$113,000.00	Complete
	SUBTOTAL			**$113,000.00**		**$113,000.00**	**$113,000.00**	
	MANAGEMENT IMPROVEMENTS							
PHA-WIDE	a. Salary & benefits for Resident Services	1408	447 Units	$37,515.84		$37,515.84	$37,515.84	Complete
	Coordinator.							
	Subtotal			**$37,515.84**		**$37,515.84**	**$37,515.84**	
PHA-WIDE	b. Computer Software	1408	447 Units	$5,000.00		$5,000.00	$0.00	In
	Subtotal			**$5,000.00**		**$5,000.00**	**$0.00**	Progress
	SUBTOTAL			**$42,515.84**		**$42,515.84**	**$37,515.84**	
	ADMINISTRATION							
PHA-WIDE	Prorate staff salaries including benefits.	1410	447 Units	$36,028.16		$36,028.16	$36,028.16	Complete
	SUBTOTAL			**$36,028.16**		**$36,028.16**	**$36,028.16**	
	FEES &COSTS							
PHA-WIDE	a. Architects fee to prepare bid and contract	1430.1	447 Units	$37,147.28		$37,147.28	$23,693.43	In
	documents, drawings, specifications and							Progress
	assist the PHA at bid opening, awarding							
	the contract, and to supervise the							
	construction work on a periodic basis.							
	Fee to be negotiated. Contract Labor.							
	($3,147.28 balance of 2000 A&E fee to							
	Be pd. w/2001 funds.)							
	Subtotal			**$37,147.28**		**$37,147.28**	**$23,693.43**	

Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #2***
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550101** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	b. Consulting fees	1430.2	447 Units	$12,825.39		$12,825.39	$12,825.39	Complete
	(ASM)							
	Subtotal			**$12,825.39**		**$12,825.39**	**$12,825.39**	
	SUBTOTAL			**$49,972.67**		**$49,972.67**	**$36,518.82**	
	SITE IMPROVEMENTS							
NC35-2	a. Paving speed bumps	1450	50Units	$3,800.00		$3,800.00	$3,800.00	Complete
	Subtotal			**$3,800.00**		**$3,800.00**	**$3,800.00**	
NC35-2	b. Fencing @ Maintenance Shop	1450	1 Unit	$2,885.00		$2,885.00	$2,885.00	Complete
	Subtotal			**$2,885.00**		**$2,885.00**	**$2,885.00**	
	SUBTOTAL			**$6,685.00**		**$6,685.00**	**$6,685.00**	
	DWELLING STRUCTURES							
NC35-1	a. Replace deteriorated heating systems	1460	50 Units	$62,928.84		$62,928.84	$0.00	In
	with new HVAC systems & replace							Progress
NC35-6	water heating systems as applicable	1460	55 Units	$51,424.00		$51,424.00	$51,424.00	
	Phase 1 @ 1A							
	Subtotal			**$114,352.84**		**$114,352.84**	**$51,424.00**	
NC35-1	b. Modernization or Demo/Dispo	1460	50 Units	$31,509.49		$31,509.49	$0.00	In
	@ NC35-1B							Progress
	Subtotal			**$31,509.49**		**$31,509.49**	**$0.00**	

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Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #2***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03

Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550101** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
NC35-3	c. Balance of CFP 2000 construction	1460	4 Apts.	$26,194.00		$26,194.00	$26,194.00	Complete
	Contract fee to renovate 4 apts. @ Garden							
	St. to be paid out of 2001 funds.							
	Subtotal			**$26,194.00**		**$26,194.00**	**$26,194.00**	
NC35-2	d. Vinyl Siding	1460	50 Apts.	$34,310.00		$34,310.00	$34,310.00	Complete
	Subtotal			**$34,310.00**		**$34,310.00**	**$34,310.00**	
NC35-2	e. Repair A/C hole from installation	1460	50 Apt.	$8,500.00		$8,500.00	$8,500.00	Complete
	Subtotal			**$8,500.00**		**$8,500.00**	**$8,500.00**	
NC35-2	f. Laundromat conversion	1460	1 Bldg.	$10,692.00		$10,692.00	$10,692.00	Complete
	Subtotal			**$10,692.00**		**$10,692.00**	**$10,692.00**	
PHA-Wide	g. Termite control & extermination	1460	447 Apts.	$66,964.00		$66,964.00	$66,964.00	Complete
	Subtotal			**$66,964.00**		**$66,964.00**	**$66,964.00**	
	SUBTOTAL			**$292,522.33**		**$292,522.33**	**$198,084.00**	
	DWELLING EQUIPMENT							
	NON-EXPENDABLE							
PHA-WIDE	Ranges & Refrigerators	1465.1	10Units	$12,594.00		$12,594.00	$12,594.00	Complete
	SUBTOTAL			**$12,594.00**		**$12,594.00**	**$12,594.00**	
	NON-DWELLING STRUCTURES							
PHA-WIDE	Renovate existing AMC spaces/purchase	1470	1	$172,793.00		$172,793.00	$172,793.00	Complete
	new Facility							
	SUBTOTAL			**$172,793.00**		**$172,793.00**	**$172,793.00**	

Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #2***

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03

Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: **NC19P03550101** Replacement Housing Factor Grant No:				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	NON-DWELLING EQUIPMENT							
PHA-WIDE	Furniture & Radios	1475	447 Units	$14,503.00		$14,503.00	$14,503.00	Complete
	SUBTOTAL			**$14,503.00**		**$14,503.00**	**$14,503.00**	
	GRAND TOTAL			**$740,614.00**		**$740,614.00**	**$627,721.82**	

Annual Statement/Performance and Evaluation Report ***Based on Budget Revision #2***
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part III: Implementation Schedule

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program No: **NC19P03550101** Replacement Housing Factor No:	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	09/30/03		09/30/02	09/30/04	09/30/05		Need maximum time frame for expenditure
NC35-1	09/30/03		09/30/02	09/30/04	09/30/05		Of funds to match LOCC's Contract dates.
NC35-2	09/30/03		09/30/02	09/30/04	09/30/05		«
NC35-3	09/30/03		09/30/02	09/30/04	09/30/05		«
NC35-4	09/30/03		09/30/02	09/30/04	09/30/05		«
NC35-5	09/30/03		09/30/02	09/30/04	09/30/05		«
NC35-6	09/30/03		09/30/02	09/30/04	09/30/05		«
NC35-7	09/30/03		09/30/02	09/30/04	09/30/05		«

NC35-1=120 Apts.
NC35-2=50 Apts.
NC35-3=57 Apts.
NC35-4=100 Apts.
NC35-5=25 Apts.
NC35-6=55 Apts.
NC35-7=40 Apts.
Total=447 Apts.

Table Library

ATTACHMENT K-FY2000 RHF P & E REPORT

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report **Based on Budget Revision #1**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550100**	**Federal FY of Grant:** **2000**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 03/31/03** ☐ **Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$0.00		$0.00	$0.00
8	1440 Site Acquisition	$0.00		$0.00	$0.00
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	$36,259.00		$0.00	$0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$36,259.00		$0.00	$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Table Library

Annual Statement/Performance and Evaluation Report **Based on Budget Revision #1**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550100**				**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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	FEES & COSTS							
NC35-3	a. Architect's fee to prepare bid and	1430.1	5 Units	$0.00		$0.00	$0.00	Deleted
	Contract documents, drawings,							
	specification and assist the PHA at bid							
	opening, awarding the contract, and to							
	supervise the construction work on a							
	Periodic basis. Fee to be negotiated.							
	Contract Labor. Feasibility Study.							
	SUBTOTAL			**$0.00**		**$0.00**	**$0.00**	
NC35-3	SITE ACQUISITION	1450	5 Units	$0.00		$0.00	$0.00	Deleted
	Purchase Site							
	SUBTOTAL			**$0.00**		**$0.00**	**$0.00**	
	DEVELOPMENT ACTIVITIES							
NC35-3	Replacement Housing	1499	5 Units	$36,259.00		$0.00	$0.00	No work to date
	SUBTOTAL			**$36,259.00**		**$0.00**	**$0.00**	
	GRAND TOTAL			**$36,259.00**		**$0.00**	**$0.00**	

Annual Statement/Performance and Evaluation Report **Based on Budget Revision #1**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part III: Implementation Schedule

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No: **NC19R03550100**	**Federal FY of Grant: 2000**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC35-3	09/30/05			12/30/06	09/30/07		PHA has not Accumulated Adequate Funds and PHA
							Has not received approval of a Development Proposal.
							Need maximum time frames from 2003.

NC35-1=120 Apts.
NC35-2=50 Apts.
NC35-3=57 Apts.
NC35-4=100 Apts.
NC35-5=25 Apts.
NC35-6=55 Apts.
NC35-7=40 Apts.

ATTACHMENT L-FY1999 RHF P & E REPORT

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report **Based on Budget Revision #1**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550199**	**Federal FY of Grant:** **1999**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 03/31/03** ☐ **Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$0.00		$0.00	$0.00
8	1440 Site Acquisition	$0.00		$0.00	$0.00
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	$12,849.00		$0.00	$0.00
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	$12,849.00		$0.00	$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report **Based on Budget Revision #1**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHA Name: Sanford Housing Authority, Sanford, NC		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No: **NC19R03550199**				**Federal FY of Grant: 1999**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	FEES & COSTS							
NC35-3	a. Architect's fee to prepare bid and	1430.1	5 Units	$0.00		$0.00	$0.00	Deleted
	Contract documents, drawings,							
	specification and assist the PHA at bid							
	opening, awarding the contract, and to							
	supervise the construction work on a							
	Periodic basis. Fee to be negotiated.							
	Contract Labor. Feasibility Study							
	Subtotal			**$0.00**		**$0.00**	**$0.00**	
NC35-3	b. Phase I Environmental Studies, Soils	1430.19	5 Units	$0.00		$0.00	$0.00	Deleted
	Investigation							
	Subtotal			**$0.00**		**$0.00**	**$0.00**	
	SUBTOTAL			**$0.00**		**$0.00**	**$0.00**	
NC35-3	SITE ACQUISITION	1450	5 Units	$0.00		$0.00	$0.00	Deleted
	Purchase Site							
	SUBTOTAL			**$0.00**		**$0.00**	**$0.00**	
	DEVELOPMENT ACTIVITIES							
NC35-3	Replacement Housing	1499	5 Units	$12,849.00		$0.00	$0.00	No work
	SUBTOTAL			**$12,849.00**		**$0.00**	**$0.00**	
	GRAND TOTAL			**$12,849.00**		**$0.00**	**$0.00**	

Annual Statement/Performance and Evaluation Report **Based on Budget Revision #1**
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part III: Implementation Schedule

PHA Name: Sanford Housing Authority, Sanford, NC	**Grant Type and Number** Capital Fund Program No: **NC19R03550199** Replacement Housing Factor No:	**Federal FY of Grant: 1999**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC35-3	09/30/04	09/30/05		12/30/05	09/30/07		PHA has not Accumulated Adequate Funds and PHA
							has not received approval of a Development Proposal.
							Need maximum time frames from 2003.

NC35-1=120 Apts.
NC35-2=50 Apts.
NC35-3=57 Apts.
NC35-4=100 Apts.
NC35-5=25 Apts.
NC35-6=55 Apts.
NC35-7=40 Apts.

ATTACHMENT M

Statement of Compliance with the Community Service Requirement.

The Sanford Housing Authority will comply with the Community Service requirement by coordinating with the City of Sanford and Lee County Human Resources Department, Central Carolina Community College, and Lee County Public School System in identifying a list of volunteer community service positions. Utilizing our partnership with the resident advisory council, the Sanford Housing Authority anticipates the creation of several in-house volunteer positions.

ATTACHMENT N
Community Service Policy

SANFORD HOUSING AUTHORITY

COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY
EFFECTIVE JULY 17, 2001

1. **Policy Statement:**

It is the intent of the Sanford Housing Authority to comply with the Community Service and Self-Sufficiency requirement (24CFR Sections 960.607) of the Quality Housing and Work Responsibility Act of 1998. Each adult resident, other than those qualifying for an exemption as defined in 24CFR 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. Residents subjected to this requirement have the discretion to select the type and the location of the community service to be provided. Residents may choose to enroll in self-sufficiency program in lieu of performing the required hours of community service. Any resident failing to comply with the requirements of the Community Service and Self-Sufficiency Policy is subject to denial of lease renewal at annual recertification.

I. Program Administration:

The Sanford Housing Authority will administer the Community Service and Self-Sufficiency Program. The Authority has developed strong working relationships with the Lee County Vocational Rehabilitation, Lee County Department of Social Services. Boys and Girls Club, Johnston Lee Community Action and Lee County Enrichment Center. The Authority has ongoing economic self-sufficiency activities offered though its partnerships with local service providers. The Authority will incorporate the new Community Service and Self-sufficiency requirement for participation in one of these existing programs for completion of eight hours per month community service. Each agency will maintain attendance records for participants choosing to participate in the economic self-sufficiency activities and or community service activities. Attendance and placement records will be provided to the Authority. The Authority will provide compliance monitoring and verification annually before the end of the twelve (12) month lease term.

3. **Compliance Requirements:**

Each adult (18years and older) household member who does not qualify for an exemption is required to:

I. Contribute eight (8) hours of community service, excluding political Activities, each month or

II. Participate in economic self-sufficiency activities for eight (8) hours per Month or

III. Participate in eight (8) hours per month of combined community service or economic self-sufficiency activities.

Residents subjected to the Community Service requirement will perform volunteer work or other duties that are a public benefit in that they serve to improve the quality of life, enhance resident self-sufficiency, and/or increase resident self-responsibility in the community. Community Service is not employment and may not include political activities. The authority will no substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by Authority employees nor will such activities replace a job at any location where residents perform activities to satisfy the service requirement. The Community service requirement may be satisfied by participation in one or more of the following activities:

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. Authority sponsored self-sufficiency programs

. Furthering education (i.e., literacy programs, GED classes, continuing education classes or job training workshops, Etc.)

. Assistance with local charities (i.e., local soup kitchen, habitant for humanities, etc.), other community organizations (i.e., youth, senior/elderly, special populations programs, etc.), and school projects

. Other such services as may be approved by the authority.

Each non-exempt adult household member will be required to complete a community Service Report form each year at annual recertification. The report will include a description of the type of community service or economic self-sufficiency activity completed, provide the date and times of service or participation, and indicate the number of hours completed. Third party verification of the completion of service or participation may be required. The head of household is responsible for lease compliance and is responsible for providing information and documentation as may be requested by the Authority to determine compliance.

The authority will retain reasonable documentation of service requirement performance or exemption in participant files. The Authority will maintain community services records for each adult resident by one of the following methods'

I. Exempt status determination for those exempt in accordance with the regulations

II. Completion of attendance/participation log and certification by participating agencies

I. Completion of a Community Service Log and self-certification by participant with third party verification documentation as required

4. ***Notification of Requirement:***

All residents and applicants for housing shall be notified in writing of the requirements to participate in Community Service and self-Sufficiency activities. A new lease stipulation the Community Service and self-Sufficiency requirements shall be executed with all households in tenancy and all new move-ins.

Notification of Tenants in Residency: *The Sanford Housing Authority will publicize information about the requirement and hold information meetings. Each household will receive written notice explaining the requirements and instruction regarding compliance and penalties for failure to comply. The notification will describe the process for claiming status as an exempt person and the PHA verification of such status Residents will be provided notification for compliance in the annual recertification process.*

Applicant Notification: *all applicants on the waiting list shall be notified of the new Community Service and Self-Sufficiency requirements prior to move-in and all new applicants shall be notified of the requirements at the time of application.*

I. Exemption:

The authority will provide exemption status to any adult resident who requests such status and who meets one of the following qualifications as defined in 24CFR Part 960.6

A. An individual 62 years of older

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B. A blind or disabled individual, as defined under Social Security Act (42USC416(i)(1); 1382c Section 216(i)(1) or 1614) ***AND*** *certifies that because of this disability he/she is unable to comply with the service provisions, or is the primary caretaker of such an individual*

C. An employed person

D. An individual which meets the requirements for being exempted from engaging in work activity under the State program funded under part A of the title IV of the social security Act (42USC 601 et seq.) or under any other welfare program of the State including the state-administered welfare-to-work program

E. 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 (42USC 601 et seq.) or under any other welfare program of the State, 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 a program.

II. ***Request for exemption:***

A resident or applicant wishing to be exempt from the service requirement must make such request in writing by completing a request for exemption form. The resident may be asked to provide the Authority with verification of the information used to claim an exemption. The authority will review the request for exemption, make a determination of requirement and those who are exempted.

III. ***Change in Status:***

The resident is responsible for reporting any change in status whether exempt or non-exempt between the annual recertification. The Authority will process any report of change in status during the twelve (12) month period between recertifications, issue an interim determination as to the exempt/non-exempt status of the resident and inform the resident of any compliance requirement that may be associated with the change

8. **Compliance Monitoring, Review, and Verification:**

The authority will review family compliance with the Community Service and Self-Sufficiency requirements and will verify such compliance annually. All non-exempt adults will be required to report and certify as to their compliance with the requirements under the lease approximately ninety (90) days and no less than sixty (60) days prior to the annual renewal date of their lease. The Authority may require the resident to obtain third party verification that he/she has performed such qualifying activities.

9. **Noncompliance:**

Failure to comply with the reporting requirement or to complete the required service on schedule during the lease term is grounds for non-renewal of the lease at the end of the twelve (12) month lease term. The Authority will issue a notice of noncompliance if it is determined that there is a non-exempt adult resident who failed to fulfill their obligations under the Community Service and Self-Sufficiency requirement of the lease and a notice of termination and eviction shall be issued. The authority will issue the family a notice describing the noncompliance and stating that lease will not be renewed at the end of the twelve (12) month term unless the non-compliant resident enters into a written agreement with the authority to cure such noncompliance.

I. **Remedy for Noncompliance:**

The Authority will not renew the lease for a household which is found to be in noncompliance with the Community Service and Self-sufficiency requirement unless the noncompliance with the Community Service and Self-Sufficiency requirement unless the head of household and any noncompliant adult enters into a written agreement with the Authority in the form and manner required by the Authority to core such

noncompliance by competing the additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve month term of the new lease, in fact completes the required hours of service or activity in accordance with such agreement, and provides written assurance satisfactory to the authority that all other family numbers subject to the requirement are complying or are no longer residing in the unit.

11. **Right to Grievance:**

All residents shall have a right to a grievance hearing as a result of any action taken by the Authority relative to the implementation of the Community Service and Self-Sufficiency requirements. The authority will provide the resident a notice stating that they may request a grievance hearing on the Authority's determination and that they nay exercise any available judicial remedy to seek timely redress for the authority's non-renewal of the lease because of such determination.

12. **Nondiscrimination and Equal Opportunity:**

It is the policy of this Authority to comply fully with all federal, state, and local nondiscrimination laws and with the rules and regulations governing equal opportunity in housing. The authority shall not discriminate against any person because of race, color, religion, sex handicap, familial status, or national origin.

ATTACHMENT O
Progress on FY2000 Missions & Goals

SANFORD HOUSING AUTHORITY
FISCAL YEAR 2002-2003

PHA GOAL: Expand the supply of assisted housing:

Apply for additional rental vouchers: The Sanford Housing Authority applied for and received 56 additional Section 8 Vouchers. The SHA will continue to apply for new vouchers as the NOFA becomes available.

Leverage private or other public funds to create additional housing opportunities: The Sanford Housing Authority's non-profit has submitted a tax-credit application to the North Carolina Housing Finance Agency for sixty (60) Section 8 Project Based apartments. The SHA has submitted another tax-credit application this year.

Acquire or build units or developments: In addition to the tax-credit application mentioned above, the Sanford Housing Authority is preparing to construct their first single-family homeownership unit funded in-part with housing replacement dollars. The SHA is on target to meet all above goals.

PHA GOAL: Improve the quality of assisted housing:

Improve public housing management: The maintenance department implemented a new unit turnaround system that has enhanced their ability to decrease the time required to complete a vacant unit. Our turnaround time has decreased 100% over the past year.

The occupancy department has created a new system that allows them to offer vacant apartments to those potential residents that are prepared to sign the lease immediately, thus decreasing the lease-up time.

Increase customer service: Housing authority staff has attended two customer service workshops provided by housing industry consultants.

Renovate or modernize public housing units: The housing authority has met its goal of utilizing at least 50% of Capital Funds towards capital improvements.

Demolish or dispose of obsolete public housing: The housing authority has spoken with HUD Chicago concerning the future demolition of obsolete units found in the Gilmore Terrace Community. A request for approval for demolition will be forthcoming in the near future.

Provide replacement public housing: If the demolition request is approved, the housing authority will develop a replacement housing plan for all displaced families as a result of demolition of units. We are in the final stages of building 4 replacement units.

Provide replacement vouchers: If demolition application is approved, an application for Section 8 vouchers will be submitted to HUD. If approved, those vouchers will be used to assist those families affected by the demolition of units. The SHA is on target to meet all above goals.

PHA GOAL: Increase assisted housing choices:

Conduct outreach efforts to potential voucher landlords: The Section 8 Director has used flyers and personal contact with local landlords in an attempt to increase the number of landlords participating in the program. Our Section 8 program is at full occupancy at this time.

Implement voucher homeownership program: The housing authority is currently reviewing the Final Rule governing the Section 8 Homeownership Program to see if we have any eligible participants locally. Staff has also attended an informational meeting held by HUD staff concerning the implementation of this program.

PHA GOAL: Provide an improved living environment:

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: The occupancy staff has reviewed each applicant's income so that they can deconcentrate communities by leasing units in communities where deconcentration is a problem.

Implement public housing security improvements: The housing authority installed a security fence around the perimeter of Foushee Heights to prohibit trespassing and loitering. We installed a new security system at Stewart Manor, an elderly/handicapped high-rise facility. Installed new security window screens and doors at Utley Plaza. The SHA is increasing lighting PHA wide and will continue to work closely with local police on crime prevention measures.

Designate developments or buildings for particular resident groups (elderly, persons with disabilities): The housing authority continued to manage Stewart Manor and Matthews Court as elderly/handicapped housing. The SHA is on pace to meet all above goals.

PHA GOAL: Promote self-sufficiency and asset development of assisted households objectives:

Increase the number and percentage of employed persons in assisted families: The Family Self-Sufficiency Coordinator has held several public meeting for current and potential family self-sufficiency participants. These meetings have been instrumental with the recruitment of new participants and motivational for the current participants.

Provide or attract supportive services to improve assistance recipients' employability: The housing authority has partnered with local human service providers to assist the residents of public housing become gainfully employed. This partnership is spearheaded from the housing authority's Resident Services Department and includes the Employment Security Commission, Lee County Industries and Lee County Enrichment Center.

Provide or attract supportive services to increase independence for the elderly or families with disabilities: The Resident Services Department has partnered with Lee County Mental Health Department, Lee County Health Department and the Lee County Enrichment Center for the sole purpose of providing services and educational opportunities for our residents that are in need of special assistance. These relationships have served to improve the awareness for special needs in our elderly/handicapped communities.

PHA GOAL: Ensure equal opportunity and affirmatively further fair housing objectives:

Other: Stabilize occupancy; objective – reduce evictions and turnovers by 2% annually: The housing authority has worked hard to stabilize the occupancy of public housing units through reduced vacancy caused by evictions. We have been more lenient to residents for minor infractions, which in the past was cause for eviction. Our focus has been more on teaching and educating residents on what not to do as a resident of public housing. These efforts are beginning to show signs of positive impact in our most troubled communities. The SHA will continue to meet this goal.

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ATTACHMENT P
Resident member on the PHA Governing Board

1. ☒ Yes ☐ 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: **Mr. Clyde H. McLeod**

B. How was the resident board member selected: (select one)?
☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): **7/1/02 to 6/30/05**

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.
☐ Other (explain):

B. Date of next term expiration of a governing board member: **6/30/03**

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

Winston Hester – Mayor
Ed Grogan
Roy Smith
Lowell Hamel
Howard James
Clyde McLeod
Linwood Mann

ATTACHMENT Q
Membership of the Resident Advisory Board or Boards

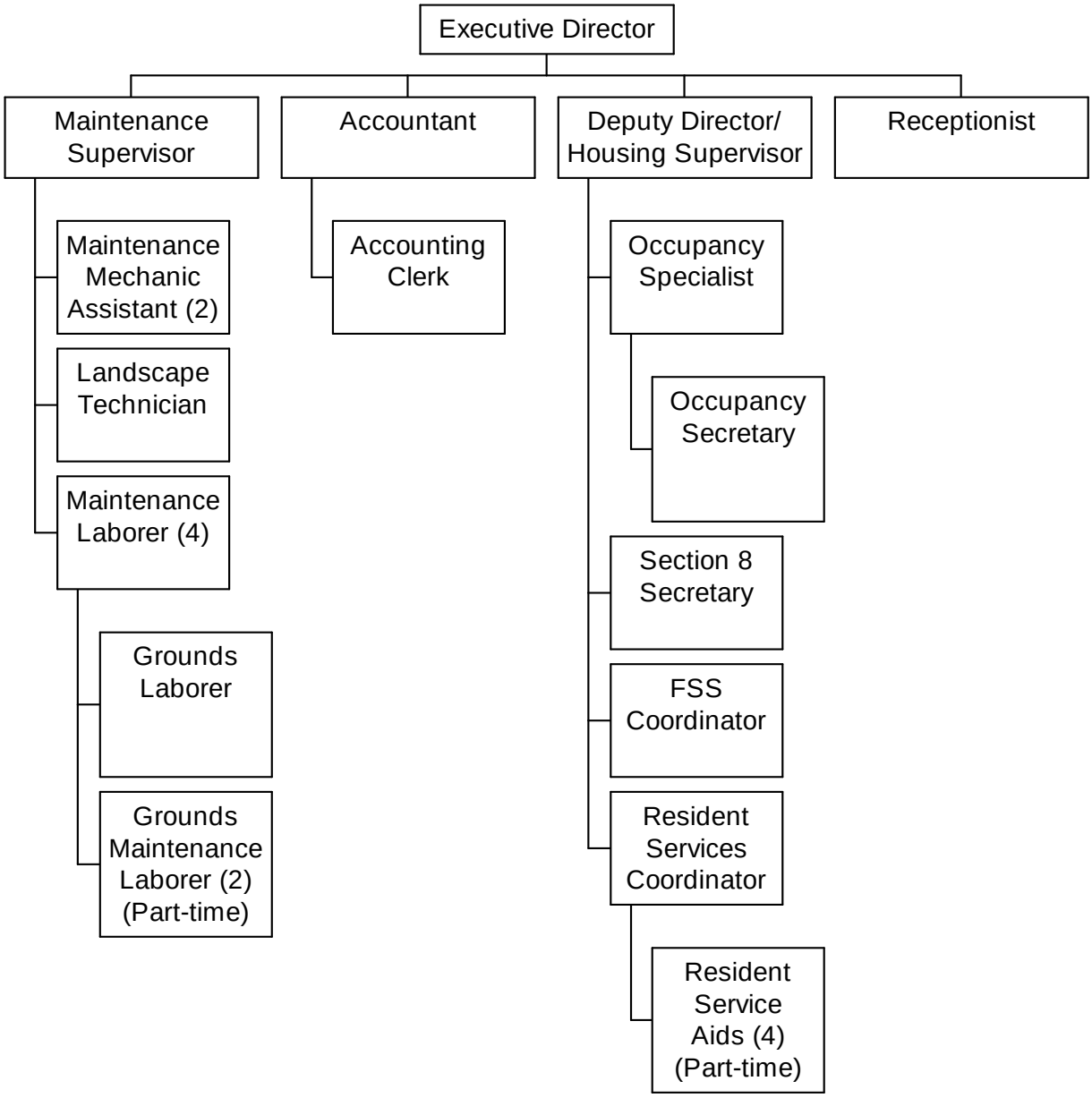
List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board members are:

Cebrina Amerson – Public Housing
Bettie Pearson – Public Housing
Carolyn Johnson – Public Housing
John Fitzwater – Public Housing
Chasity Perry – Section 8

ATTACHMENT R
Management Organizational Chart

Sanford Housing Authority
Recommended Organization



ATTACHMENT S

Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments?
ALL

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **NONE**

c. How many Assessments were conducted for the PHA's covered developments?
One for Project.

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **N/A**

Development Name	Number of Units

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **N/A**