

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
nc045v01**

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**



**PHA Plan  
Agency Identification**

**PHAName:** HotSpringsHousingAuthority

**PHANumber:** NC19P045

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2003

**PHA Plan Contact Information:**

**Name:** Christine Harrison

**Phone:** 828 -622-3237

**TDD:**

**Email (if available):**

**Public Access to Information**

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

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

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

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

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

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

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

**PHA Programs Administered:**

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

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Small PHA Plan Update



**Annual PHA Plan  
Fiscal Year 20  
[24CFR Part 903.7]**

**i. Table of Contents**

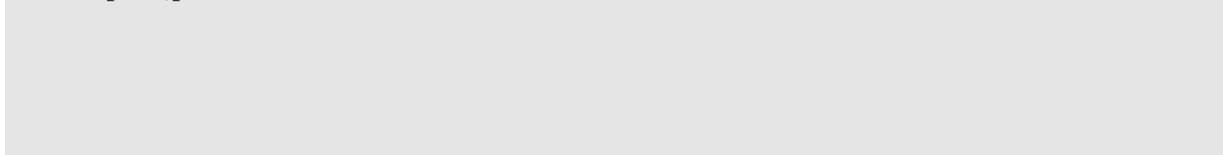
Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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**ii. Executive Summary**

[24CFR Part 903.79(r)]

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



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

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

The Hot Springs Housing Authority has not made any major changes in its programs and policies included in last year's Agency Plan. The Authority also does not intend to make any changes in its programs or policies for FY2003.

**2.Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 98,052

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

**D. Capital Fund Program Grant Submissions**

~~The Capital Fund Program 5 Year Action Plan is provided as Attachment C -nc080c01~~

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B -nc080b01

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: 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 next component; if "yes", complete one activity description for each development.)

**2. Activity Description**

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

**4. Voucher Homeownership Program**  
 [24CFR Part 903.79(k)]

A.  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 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**  
 The PHA has demonstrated its capacity to administer the program by (select all that apply):  
 Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

- Requiring that financing for purchase of a home under its section 8 home ownership program will be provided, insured or guaranteed by the state or Federal government; comply with

secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide PHDEP Plan meeting specific requirements prior to receipt of PHDEP funds  
 X Yes  No: Is the PHA eligible to participate in the PHDEP in the upcoming year covered by this PHA Plan?

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

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

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

**6. Other Information**

[24CFR Part 903.79(r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

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

2. If yes, the comments are attached at Attachment (Filename) -nc045f01

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

- The PHA changed portions of the PHA Plan in response to comments
- A list of these changes is included

Yes No: below

Yes No: at the end of the RAB Comments in Attachment \_\_\_\_\_

- X Considered comments, but determined that no changes to the PHA Plan were

necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment F (Nc045f01).

Other: (list below)

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

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

**1. Consolidated Plan jurisdiction: (provide name here) State of North Carolina**

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

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

**PHA Requests for support from the Consolidated Plan Agency**

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

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

The NC Consolidated Plan's goals of providing decent housing, suitable living environment and expanding economic opportunity are consistent with and support the PHA's goals & objectives.

**C. Criteria for Substantial Deviation and Significant Amendments**

**Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

**A. Substantial Deviation from the 5-year Plan:**

The Authority's definition of "Substantial Deviation" and "Significant Amendment or Modification" with regard to its 5-Year and Annual Plan:

- Change to rent or admissions policies or organization of the waiting list;
- addition of non-emergency work items or change in use of replacement reserve funds under the Capital Fund;
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities

**B. Significant Amendment or Modification to the Annual Plan:  
Same as Substantial Deviation listed above**

**Attachment A**  
**Supporting Documents Available for Review**

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

**List of Supporting Documents Available for Review**

Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A & O/A COP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A & O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved	Annual Plan: Capital

Applicable & On Display	Supporting Document	Related Plan Component
	orsubmittedHOPEVIR revitalizationPlans,oranyother approvedproposalfordevelopmentofpublichousing	Needs
X	Self-evaluation,NeedsAssessmentandTransitionPlan requiredbyregulationsimplementing §504ofthe RehabilitationActandtheAmericanswithDisabilitiesAct. Sec,PIH99 -52(HA).	AnnualPlan:Capital Needs
	Approvedorsubmittedapplicationsfor demolitionand/or dispositionofpublichousing	AnnualPlan: Demolitionand Disposition
	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
	Approvedorsubmittedassessmentsofreasonable revitalizationofpublichousingandapprovedorsubmitted conversionplanspreparedpursuanttosection202ofthe1996 HUDAppropriationsAct,Section22oftheUSHousingActof 1937,orSection33ofthe USHousingActof1937	AnnualPlan: ConversionofPublic Housing
	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
	PoliciesgoverninganySection8Homeownershipprogram (section _____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
	CooperationagreementbetweenthePHAandtheTANF agencyandbetweenthePHAandlocalemploymentand trainingserviceagencies	AnnualPlan: CommunityService& Self-Sufficiency
X	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
X	Section3documentationrequiredby24CFRPart135, SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
	Mostrecentself -sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
	ThemostrecentPublicHousingDrugEliminationProgram (PHDEP)semi -annualperformancereport	AnnualPlan:Safety andCrimePrevention
	PHDEP-relateddocumentation: <ul style="list-style-type: none"> <li>• Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>• Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>• Partnership agreements (indicating specific leveraged support) with agencies/organizations providing</li> </ul>	AnnualPlan:Safety andCrimePrevention

Applicable & On Display	Supporting Document	Related Plan Component
	<p> <b>funding, services or other in-kind resources for PHDEP-funded activities;</b> <ul style="list-style-type: none"> <li>• <b>Coordination with other law enforcement efforts;</b></li> <li>• <b>Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</b></li> <li>• <b>All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</b></li> </ul> </p>	
X	<p> <b>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</b>                      X check here if included in the public housing A &amp; O Policy                 </p>	Pet Policy
X	<p> <b>The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings</b> </p>	Annual Plan: Annual Audit
	<p><b>Troubled PHAs: MOA/Recovery Plan</b></p>	<p><b>Troubled PHAs</b></p>
	<p> <b>Others supporting documents (optional)</b>                      (list individually; use as many lines as necessary)                 </p>	<p><b>(specify as needed)</b></p>

Small PHA Plan Update Page

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Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name:			Grant Type and Number		Federal FY of Grant:
Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)					
<del>Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report</del>					
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	See Attachment File			
7	1430 Fees and Costs	nc045b01			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				

22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				







### Capital Fund Program 5 -Year Action Plan

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

CFP 5 -Year Action Plan		
Original statement		Revised statement
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
See Attachment File enc045c01		
<b>Totalestimatedcostovernext5years</b>		

# PHA Public Housing Drug Elimination Program Plan Not Applicable

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

## Section 1: General Information/History

A. Amount of PHDEP Grant \$ \_\_\_\_\_

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. This 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. Unit count information should be consistent with that available in PIC.

PHDEP Target Area (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). 12 Months 18 Months 24 Months

## G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been reported at the time of this submission, indicate the amount and balance and the program completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.



3.							
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<b>9115 -Special Initiative</b>						<b>Total PHDEP Funding:\$</b>	
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9116 -Gun Buyback TAMatch</b>						<b>Total PHDEP Funding:\$</b>	
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9120 -Security Personnel</b>		<b>Total PHDEP Funding:\$</b>
<b>Goal(s)</b>		
<b>Objectives</b>		

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

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

3.							
----	--	--	--	--	--	--	--

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

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

<b>9160 -Drug Prevention</b>					<b>Total PHDEP Funding:\$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

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

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

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



**Required Attachment D \_\_\_\_: 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)**

**Name of resident member(s) on the governing board:** Shirley Parks

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

- Elected
- Appointed

**C. The term of appointment is (include the date term expires):** two years, 9/04

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 fulltime 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:** August 4, 2004

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

Ms. Deborah Ponder, Mayor

**Required Attachment E \_\_\_\_\_: 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.)**

**Scott Trantham  
Brenda Sumeral  
Shirley Parks  
Mary Hensley  
Stephen Huggins**

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

<b>PHAName:</b> HOTSPRINGS HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: NC19P04550103 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003
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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	\$3,000			
4	1410 Administration	\$2,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$9,900			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$83,152			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$98,052			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: HOTSPRINGSHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program: NC19P04550103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	0			

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

PHAName: HOTSPRINGSHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program#: NC19P04550103 Capital Fund Program Replacement Housing Factor #:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	Architect	1430	LS	\$9,900				
	Management	1408	LS	\$3,000				
	Administration	1410	LS	\$2,000				
NC45 -1	Asphalt Paving	1450	LS	\$3,000				
	Bathroom Exhaust Fans	1460	20	\$7,000				
	Kitchen Range Hoods	1460	20	\$9,000				
	Kitchen/Pantries	1460	15	\$45,152				
	Security Screen Doors	1460	40	\$6,000				
NC45-2	Gutters and Downspouts	1460	LS	\$3,000				
	Security Screen Doors	1460	40	\$10,000				
	TOTAL			\$98,052				



## Capital Fund Program 5 - Year Action Plan

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

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Totalestimatedcostovernext5years</b>		

# Five-Year Action Plan

## Part I: Summary

### Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA NAME: <b>HOT SPRINGS HOUSING AUTHORITY</b>	Locality: (City/County & State) <b>HOT SPRINGS/MADISON/NORTH CAROLINA</b>	<input checked="" type="checkbox"/> <b>Original</b>	<input type="checkbox"/> <b>Revision No.</b>
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A. Development Number/Name	Work Statement for Year 1 FFY: <u>2003</u>	Work Statement for Year 2 FFY: <u>2004</u>	Work Statement for Year 3 FFY: <u>2005</u>	Work Statement for Year 4 FFY: <u>2006</u>	Work Statement for Year 5 FFY: <u>2007</u>
NC 45-1 - SCATTERED SITES	<b>See</b>	83,152	67,252	0	83,152
NC 45-2- FRENCH BROAD CIRCLE	<b>Annual Statement</b>	0	15,900	83,152	0
B. Physical Improvements Subtotal		83,152	83,152	83,152	83,152
C. Management Improvements		3,000	3,000	3,000	3,000
D. HA-Wide Nondwelling Structures and Equipment		0	0	0	0
E. Administration		2,000	2,000	2,000	2,000
F. Other		9,900	9,900	9,900	9,900
G. Replacement Reserve		0	0	0	0
H. Total CGP Funds		98,052	98,052	98,052	98,052
I. Total Non-CGP Funds		0	0	0	0
J. Grand Total		98,052	98,052	98,052	98,052

Signature of Executive Director:	Date:	Signature of Public Housing Director/Office of Native American Programs Administrator	Date:
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**Five-Year Action Plan**  
**Part II: Supporting Pages**  
**Physical Needs Work Statement(s)**  
**Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2003</u>	Work Statement for Year <u>2</u> FFY: <u>2004</u>			Work Statement for Year <u>3</u> FFY: <u>2005</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
<b>See Annual Statement</b>	<u>NC 45-1 SCATTERED SITES</u>			<u>NC 45-1 - SCATTERED SITES</u>		
	HVAC Upgrades	3	7,500	Bathrooms	10	20,000
	Dryer Connections	20	10,000	Kitchens	10	32,397
	Bathrooms	10	18,300	Floors	10	10,500
	Kitchens	10	32,397	Water Heaters	10	4,355
	Floors	10	10,500			
	Water Heaters	10	4,455			
				<b>SUBTOTAL NC 45-1 SCATTERED SITES</b>		<b>67,252</b>
				<u>NC 45-2 French Broad Circle</u>		
	<b>SUBTOTAL NC 45-1 SCATTERED SITES</b>		<b>83,152</b>	Windows	10	15,900
			<b>SUBTOTAL NC 45-2 FRENCH BROAD CIRCLE</b>		<b>15,900</b>	

Subtotal of Estimated Cost

83,152

Subtotal of Estimated Cost

83,152

Page 2 of 5form HUD-52834 (1/95)  
ref Handbook 7485.3

**Five-Year Action Plan**  
**Part II: Supporting Pages**  
**Physical Needs Work Statement(s)**  
**Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2003</u>	Work Statement for Year <u>4</u> FFY: <u>2006</u>			Work Statement for Year <u>5</u> FFY: <u>2007</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<u>NC 45-2- FRENCH BROAD CIRCLE</u>			<u>NC 45-1 - SCATTERED SITES</u>		
<b>Annual</b>	Windows	30	45,097	Sidewalks	LS	3,750
<b>Statement</b>	HVAC	30	38,055	Site Utilities	LS	20,000
				Parking	LS	10,000
				Flooring	20	17,500
				Painting	20	18,000
				Roofing	20	13,902
	<b>SUBTOTAL NC 45-2 FRENCH BROAD CIRCLE</b>		<b>83,152</b>	<b>SUBTOTAL NC 45-2 FRENCH BROAD CIRCLE</b>		<b>83,152</b>

Subtotal of Estimated Cost

83,152

Subtotal of Estimated Cost

83,152

Page 3 of 5form HUD-52834 (1/95)  
ref Handbook 7485.3

## Five-Year Action Plan

## Part III: Supporting Pages

## Management Needs Work Statement(s)

## Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2003</u>	Work Statement for Year <u>2</u> FFY: <u>2004</u>			Work Statement for Year <u>3</u> FFY: <u>2005</u>		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Office Equipment	LS	3,000	Office Equipment	LS	3,000
	SUBTOTAL MANAGEMENT NEEDS		3,000	SUBTOTAL MANAGEMENT NEEDS		3,000
	OTHER			OTHER		
	Administration		2,000	Administration		2,000
	Fees & Costs		9,900	Fees & Costs		9,900
	SUBTOTAL OTHER		11,900	SUBTOTAL OTHER		11,900

	Subtotal of Estimated Cost	14,900		Subtotal of Estimated Cost	14,900
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**Five-Year Action Plan**  
**Part III: Supporting Pages**  
**Management Needs Work Statement(s)**  
**Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2003</u>	Work Statement for Year <u>4</u> FFY: <u>2006</u>			Work Statement for Year <u>5</u> FFY: <u>2007</u>		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Office Equipment	LS	3,000	Office Equipment	LS	3,000
	<b>SUBTOTAL MANAGEMENT NEEDS</b>		<b>3,000</b>	<b>SUBTOTAL MANAGEMENT NEEDS</b>		<b>3,000</b>
	<b>OTHER</b>			<b>OTHER</b>		
	Administration		2,000	Administration		2,000
	Fees & Costs		9,900	Fees & Costs		9,900
	<b>SUBTOTAL OTHER</b>		<b>11,900</b>	<b>SUBTOTAL OTHER</b>		<b>11,900</b>

	Subtotal of Estimated Cost	14,900	Subtotal of Estimated Cost	14,900
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## ATTACHMENT F

### COMMENTS OF RESIDENT ADVISORY BOARD

The Authority's Annual and 5 -Year Plans were reviewed with the Resident Advisory Board and were made available for review by all of the PHA residents at the main office. The Board was involved in the planning process and were given sufficient time to fully participate in the process of preparing the Plans.

There were no comments or recommendations made regarding the content of the Plans. The Board was in concurrence with all work items included in both the Annual and 5 -Year budgets.

The only question raised regarding the Plan was the sequencing of the actual physical construction work items. The Authority stated that work would commence in the apartments that were in the worst physical condition and would proceed accordingly. The Board was in agreement with this plan of action.

## **ATTACHMENT G**

### **Voluntary Conversion Initial Assessment**

The Hot Springs Housing Authority hereby certifies that it has reviewed its one development's operations as public housing and has considered the implications of converting the public housing development to tenant-based assistance. The Authority has concluded that the conversion of the development is inappropriate because the removal of this development would not meet the necessary conditions for voluntary conversion as described at §972.200(c). This decision was based on the excessive cost of the conversion and the Authority's potential inability to occupy the development if it received tenant-based assistance. The anticipated cost and workability of vouchers in our small local community is also deemed inappropriate by the Authority.

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

<b>PHAName:</b> HOTSPRINGS HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: NC19P04550102 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
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Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/02       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	\$3,000		\$3,000	\$3,000
4	1410 Administration	\$2,000		\$2,000	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$9,900		\$9,900	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$83,152		\$13,854	\$13,854
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$98,052		\$28,754	\$16,854
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Compliance	0		0	0
23	Amount of line 20 Related to Security	0		0	0

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: HOTSPRINGSHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program: NC19P04550102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	0		0	0





# Capital Fund Program 5 - Year Action Plan

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

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Totalestimatedcostovernext5years</b>		

## ATTACHMENT K

### BRIEF STATEMENT OF PROGRESS IN MEETING THE 5-YEAR PLAN MISSION AND GOALS

The Housing Authority's Mission is the same and has not been modified from the original 5 -Year Plan.

The Authority is continuing to try to expand the supply of assisted housing by reducing its vacancies. The vacancy rate has been reduced 2% since the 5 -Year Plan was originally prepared.

The Authority is also trying to improve the quality of assisted housing by improving the PHAS score. The Authority is also continuing to renovate the interior of its housing stock which increases the satisfaction of the residents.

The Authority has achieved a satisfactory balance of mixed incomes among residents at all of its sites (only 2 developments) in an effort to deconcentrate poverty. In addition, the number of employed persons being housed by the Authority has increased 2% which helps with meeting the goal of promoting self -sufficiency.

The Authority continues to offer equal opportunity for all Americans to further fair housing. The Authority ensures access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability.

**ATTACHMENT L**

**PHACertification**

**DeconcentrationofPovertyandIncomeMixing**

In accordance with the Federal Register 24 CFR Part 903, Section §903.2(2)(b)(2), the Hot Springs Housing Authority hereby certifies that it is not subject to deconcentration of poverty and income mixing requirements since the housing developments operated have fewer than 100 public housing units.