

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

PHA Plan Agency Identification

PHA Name: Maxton Housing Authority

PHA Number: NC048

PHA Fiscal Year Beginning: (mm/yyyy) 1/2003

PHA Plan Contact Information:

Name: Nancy Walker

Phone: 910-276-2582

TDD:

Email (if available): mha@carolina.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

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

i. Table of Contents

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

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| <input checked="" type="checkbox"/> Other (List below, providing each attachment name) | |
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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

INTRODUCTION

The Maxton Housing Authority is a small agency consisting of ninety (90) public housing units, located in Maxton, North Carolina. Ours is a rural area designated as an Empowerment Zone by the Federal Government. Robeson County has long been among the poorest counties in North Carolina. In addition, our area is experiencing a depressed economic period with unemployment surpassing state averages. Subsidized housing is essential if low-income persons are to have decent, safe housing. There are several privately owned developments in our locality that are subsidized through the Project-Based Section 8 Program. The agency has also been handicapped by a low Allowable Expense Level (AEL) which has created difficulties for the Authority in affording to meet its maintenance and administrative requirements.

Although we are small and rural, we believe that we have been both innovative and progressive. The Board of Commissioners had a resident representative long before it became a requirement through the passage of the Quality Housing And Work Responsibility Act of 1998. In addition, during 1997 the Board recognized the need to become more cost effective and developed a partnership with the Laurinburg Housing Authority for management of the Authority's units. That partnership continues with regular review and evaluation.

PLANNING PROCESS

The Board of Commissioners held its Annual Planning Retreat before beginning the planning process. During the Planning Retreat, the Board participated in a review of the Quality Housing and Work Responsibility Act of 1998 (QHWRA) and the prior agency plans. The Board then reviewed the Agency's Mission Statement that reads as follows:

To Provide attractive, affordable housing to low and very low-income families and individuals and;

To contribute to improved quality of life in the greater Maxton Area by providing residents with opportunities for education and upward mobility while maintaining the public trust by operating in accordance with all applicable Federal, State and local laws

The Board agreed to retain the Agency's Mission Statement unchanged.

The Board has evaluated the needs of both the Agency and the surrounding community. After lengthy discussion of needs, resources and variables, the Board of Commissioners has developed and prioritized goals for the Maxton Housing Authority.

FIVE-YEAR GOALS

The long-term (five-year) goals established by the Board are as follows:

- To determine the need for affordable housing in the Maxton area and pursue the construction of that housing if needed
- To develop partnerships with other service providers to bring more access to public housing residents
- To continue to develop the partnership between the Maxton and Laurinburg Housing Authorities in accordance with the new HUD Regulations for Consortia

- To continue to improve management through:
 - Scoring 90 or more on PHAS
 - Turning all units in less than twenty (20) workdays
 - Completing all work orders in an average of three (3) workdays
- To continue to modernize our units for marketability as funds allow to include:
 - To replace roofing in NC048-001
 - Completion of bathroom renovations in NC048-002
 - Replacement of windows in NC048-001 (In progress)
 - Landscaping at both sites (NC048-001 and NC048-002)
 - Replacement of floor tile at NC048-002

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.

See Attachment 02 (nc048a02)

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (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? \$ 188,738 (Estimated amount)

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

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (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 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ Not Applicable

- 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 D

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

- 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 Attached at Attachment (File name)

- 3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment ____.
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.

Other: (list below)
No comments received

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: State of North Carolina
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments:
 - State agency has confirmed compliance

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

Unless there is a substantial modification or change in the general five (5) year goals of the Authority, the Plan will not be considered to have a **substantial deviation**.

B. Significant Amendment or Modification to the Annual Plan:

The Plan is a general document designed to outline the operational intent of the Maxton Housing Authority with general goals for five (5) years and more specific goals for the next twelve (12) months. The Plan will not be considered **substantially modified** unless the operational intent of the Authority is changed. Changes in policy as a result of regulatory changes or decisions to exercise options and budgetary changes in response to changing circumstances will not be considered substantial and will be addressed by the Board of Commissioners as routine matters.

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 |
| ✓ | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| ✓ | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| ✓ | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| ✓ | 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 |
| ✓ | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| ✓ | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| N/A | Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| N/A | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| ✓ | Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| ✓ | Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| N/A | Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| ✓ | 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 |
| ✓ | 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 |
| N/A | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| N/A | 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 |
| ✓ | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| N/A | Section 8 informal review and hearing procedures <input type="checkbox"/> 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 any active grant year | Annual Plan: Capital Needs |
| ✓ | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| N/A | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| ✓ | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). | Annual Plan: Capital Needs |
| N/A | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| N/A | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| N/A | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing |
| N/A | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| N/A | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| N/A | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency |
| ✓ | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| ✓ | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| N/A | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| ✓ | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |

| List of Supporting Documents Available for Review | | |
|--|---|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| ✓ | <p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| ✓ | <p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy</p> | Pet Policy |
| ✓ | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| N/A | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |
| ✓ | Income Analysis of Public Housing Covered Developments | Annual Plan: Deconcentration and Income Mixing |

Required Attachment E: 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: Lou B. Jones

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 5 Years
Term Expires
9/10/2007

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:

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

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

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

Lou Bertha Jones
Resident, Maxton Housing Authority

Loretta Smith
Resident, Maxton Housing Authority

Emanuel McLaughlin
Resident, Maxton Housing Authority

Required Attachment G: Brief Statement of Progress in Meeting the 5-Year Plan Mission and Goals

We have made satisfactory progress and are on the time line for achievement of our plan. Please see the Executive Summary for further details.

Required Attachment H: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments

Component 10 (B) Voluntary Conversion Initial Assessments

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

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? Two.

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

| Development Name | Number of Units |
|------------------------------------|------------------------|
| See attached Certifications | |
| of Voluntary Conversion | |

d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

Required Attachment I: Component 3, (6) Revised Deconcentration Questions

Component 3, (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)] |
| | | | |
| | | | |
| | | | |
| | | | |

Attachment 2: Summary of Policy or Program Changes for the Upcoming Year

The Plan submission indicated that our plan is to follow mandated procedures. We currently have no plans for any changes other than those described in our Plan submission.

Should regulatory requirements change, we will modify our operations for compliance.

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 | | | | | |
| HA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC1904891199 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1999 |
| <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: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| | Total non-CFP Funds | | | | |
| | 1406 Operations | 17,300.00 | 10,530.80 | 10,530.80 | 10,530.80 |
| | 1408 Management Improvements | | | | |
| | 1410 Administration | 8,650.00 | 8,650.00 | 8,650.00 | 8,650.00 |
| | 1411 Audit | | | | |
| | 1415 Liquidated Damages | | | | |
| | 1430 Fees and Costs | 15,855.00 | 15,855.00 | 15,855.00 | 8,956.00 |
| | 1440 Site Acquisition | | | | |
| | 1450 Site Improvement | 36,043.00 | 36,043.00 | 36,043.00 | 36,043.00 |
| 0 | 1460 Dwelling Structures | 90,000.00 | 90,000.00 | 90,000.00 | 90,000.00 |
| 1 | 1465.1 Dwelling Equipment—Nonexpendable | 5,350.00 | 12,119.20 | 12,119.20 | 12,119.20 |
| 2 | 1470 Nondwelling Structures | | | | |
| 3 | 1475 Nondwelling Equipment | | | | |
| 4 | 1485 Demolition | | | | |
| 5 | 1490 Replacement Reserve | | | | |
| 6 | 1492 Moving to Work Demonstration | | | | |
| 7 | 1495.1 Relocation Costs | | | | |
| 8 | 1499 Development Activities | | | | |
| 9 | 1501 Collateralization or Debt Service | | | | |

Annual Statement/Performance and Evaluation Report

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

| | | |
|-----------------------------------|--|------------------------------|
| HA Name: Maxton Housing Authority | Grant Type and Number Capital Fund Program Grant No: NC1904891199 Replacement Housing Factor Grant No: | Federal FY of Grant: 1999 |
|-----------------------------------|--|------------------------------|

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/02
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|------------|-------------------|------------|
| | | Original | Revised | Obligated | Expended |
| 0 | 1502 Contingency | | | | |
| 1 | Amount of Annual Grant: (sum of lines 2 – 20) | 173,198.00 | 173,198.00 | 173,198.00 | 166,299.00 |
| 2 | Amount of line 21 Related to LBP Activities | | | | |
| 3 | Amount of line 21 Related to Section 504 compliance | | | | |
| 4 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 5 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 6 | 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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC19P04891199 Replacement Housing Factor Grant No: | | | 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 | |
| PHA Wide | Operations 10% | 1406 | | 17,300.00 | 10,530.80 | 10,530.80 | 10,530.80 | |
| PHA Wide | Administration | 1410 | | 8,650.00 | 8,650.00 | 8,650.00 | 8,650.00 | |
| PHA Wide | 10 Ranges (10x 250.00) 10 Refrigerators (10x 485.00) | 1465-1 | | 5,350.00 | 12,119.20 | 12,119.20 | 12,119.20 | |
| PHA Wide | Architect | 1430 | | 15,855.00 | 15,855.00 | 15,855.00 | 8,956.00 | |
| 48-001 | Air Conditioning (Will Use 2000 Funds to Complete) | 1460 | | 55,654.35 | 55,654.35 | 55,654.35 | 55,654.35 | |
| 48-002 | Window Replacement (part of Site) | 1460 | | 34,345.65 | 34,345.65 | 34,345.65 | 34,345.65 | |
| 48-001 & 002 | Landscaping (Tree Removal) | 1450 | | 4,043.00 | 4,043.00 | 4,043.00 | 4,043.00 | |
| 48-001 | Complete Air Conditioning | 1450 | | 32,000.00 | 32,000.00 | 32,000.00 | 32,000.00 | |
| TOTALS | | | | 173,198.00 | 173,198.00 | 173,198.00 | 166,299.00 | |

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

| | | |
|------------------------------------|--|----------------------------------|
| PHA Name: Maxton Housing Authority | Grant Type and Number Capital Fund Program No: NC19P04891199 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 | |

| | | | | | | | |
|-----------------------------------|---------|--|--|---------|--|--|--|
| PHA Wide Operations | 9/30/01 | | | 9/30/02 | | | |
| PHA Wide Administration | 9/30/01 | | | 9/30/02 | | | |
| PHA Wide Ranges and Refrigerators | 9/30/01 | | | 9/30/02 | | | |
| Architect | 9/30/01 | | | 9/30/02 | | | |
| Tree Removal | 9/30/01 | | | 9/30/02 | | | |
| Heat & Air Conditioning | 9/30/01 | | | 9/30/02 | | | |
| Window Replacement | 9/30/01 | | | 9/30/02 | | | |

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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC19P04850100 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/01 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 18,000.00 | 18,000.00 | 18,000.00 | 3,236.97 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | 16,000.00 | 16,000.00 | 16,000.00 | 8,000.00 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 8,000.00 | 8,000.00 | 8,000.00 | 0 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 30,000.00 | 0.00 | 0 | 0 |
| 10 | 1460 Dwelling Structures | 107,997.00 | 137,997.00 | 137,997.00 | 36,903.40 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 5,000.00 | 5,000.00 | 5,000.00 | 5,000.00 |
| 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 | | | | |

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

| | | |
|---|--|-------------------------------------|
| PHA Name: Maxton Housing Authority | Grant Type and Number Capital Fund Program Grant No: NC19P04850100 Replacement Housing Factor Grant No: | Federal FY of Grant: 2000 |
|---|--|-------------------------------------|

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6/30/01 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|------------|-------------------|-----------|
| | | Original | Revised | Obligated | Expended |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 184,997.00 | 184,997.00 | 184,997.00 | 53,140.37 |
| 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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC19P04850100 Replacement Housing Factor Grant No: | | | 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 | |
| PHA Wide | Operations 10% | 1406 | | 18,000.00 | 18,000.00 | 18,000.00 | 3,236.97 | |
| PHA Wide | Administration of MOD Program | 1410 | | 16,000.00 | 16,000.00 | 16,000.00 | 8,000.00 | |
| PHA Wide | Architect Fees and Costs | 1430 | | 8,000.00 | 8,000.00 | 8,000.00 | 0 | |
| PHA Wide | Sewer Line Replacement | 1450 | | 30,000.00 | 0 | 0 | 0 | |
| PHA Wide | 10 Ranges (250.00 x 10) and 10 Refrigerators (500.00 X 10) | 1465-1 | | 5,000.00 | 5,000.00 | 5,000.00 | 5,000.00 | |
| 48-001 | Complete Air Conditioning | 1460 | | 62,400.00 | 0 | 0 | 0 | |
| 48-001 | Bathroom Renovations (Will need part of 2001 funding to complete) | 1460 | | 45,597.00 | 0 | 0 | 0 | |
| 48-001 | Security Doors and Windows | 1460 | | 0 | 37,997.00 | 37,997.00 | 36,903.40 | |
| 48-001 | Roofing | 1460 | | 0 | 100,000.00 | 100,000.00 | 0 | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|---|---------------|--|----------------------|------------|---------------------------|-------------------|-------------------|
| PHA Name: Maxton Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: NC19P04850100 Replacement Housing Factor Grant No: | | | 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 | |
| | | | | | | | | |
| | TOTAL | | | 184,997.00 | 184,997.00 | 184,997.00 | 53,140.37 | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule | | | | | | | |
|---|---|--|--------|---|----------|---------------------------|----------------------------------|
| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program No: NC19P04850100 Replacement Housing Factor No: | | | | 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 | |
| | | | | | | | |
| PHA Wide – Operations | 09/30/01 | 6/30/02 | | 3/31/02 | 12/31/03 | | |

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

| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program No: NC19P04850100 Replacement Housing Factor No: | | | | | 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 | | |
| PHA Wide – Administration | 09/30/01 | 6/30/02 | | 3/31/02 | 12/31/03 | | | |
| PHA Wide- Architect | 09/30/01 | 6/30/02 | | 3/31/02 | 12/31/03 | | | |
| 48-1 Security Doors & Windows | 09/30/01 | 6/30/02 | | 3/31/02 | 12/31/03 | | | |
| PHA Wide Ranges | 09/30/01 | 6/30/02 | | 3/31/02 | 12/31/03 | | | |
| 48-1 Roofing | | 6/30/02 | | | 12/31/03 | | | |
| | | | | | | | | |
| | | | | | | | | |

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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC19P04850101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 18,864.00 | 10,864.00 | 0 | 8,874.00 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | 18,874.00 | 18,874.00 | 18,874.00 | 0 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 8,000.00 | 8,000.00 | 4,000.00 | 0 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 21,000.00 | 0.00 | 0 | 0 |
| 10 | 1460 Dwelling Structures | 112,000.00 | 45,000.00 | 20,000.00 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 5,000.00 | 13,000.00 | 8,000.00 | 4,695.99 |
| 12 | 1470 Nondwelling Structures | 5,000.00 | 93,000.00 | 0 | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |

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

| | | |
|---|--|--|
| PHA Name: Maxton Housing Authority | Grant Type and Number Capital Fund Program Grant No: NC19P04850101 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: 6/30/02 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|------------|-------------------|-----------|
| | | Original | Revised | Obligated | Expended |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 188,738.00 | 188,738.00 | 50,874.00 | 13,569.99 |
| 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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC19P04850101 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 | 10% Set Aside for Operations | 1406 | | 18,864.00 | 10,864.00 | 0 | 0 | |
| PHA Wide | Administration of Capital Fund (10% Annually) | 1410 | | 18,874.00 | 18,874.00 | 18,874.00 | 8,874.00 | |
| PHA Wide | Fees & Costs | 1430 | | 8,000.00 | 8,000.00 | 4,000.00 | 0 | |
| PHA Wide | Dwelling Equipment | 1465-1 | | 5,000.00 | 13,000.00 | 8,000.00 | 4,695.99 | |
| NC48-002 | Complete Bathroom Renovations | 1460 | | 82,000.00 | 0 | 0 | 0 | |
| PHA Wide | Landscaping (will combine with future funding to complete) | 1450 | | 21,000.00 | 0 | 0 | 0 | |

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

| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC19P04850101 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 | |
| NC048-001 | Roofing (will combine with future funding to complete) | 1460 | | 30,000.00 | 0 | 0 | 0 | |
| Office & Shop | Renovations (will combine with future funding to complete) | 1470 | | 5,000.00 | 93,000.00 | 0 | 0 | |
| NC48-001 | Replace Soffits | 1460 | | 0 | 45,000.00 | 20,000.00 | 0 | |
| | TOTAL | | | 188,738.00 | 188,738.00 | 50,874.00 | 13,569.99 | |

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

| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program No: NC19P04850101 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 10% Set Aside for Operations | 12/31/03 | | | 12/31/04 | | | |
| PHA Wide Administration 10% Annually | 12/31/03 | | | 12/31/04 | | | |
| PHA Wide Fees & Costs | 12/31/03 | | | 12/31/04 | | | |
| PHA Wide Dwelling Equipment Replacement | 12/31/03 | | | 12/31/04 | | | |
| 48-002 Bath Renovations | 12/31/03 | | | 12/31/04 | | | |
| PHA Wide Landscaping | 12/31/03 | | | 12/31/04 | | | |
| Office & Shop Renovations | 12/31/03 | | | 12/31/04 | | | |
| 48-001 Roofing | 12/31/03 | | | 12/31/04 | | | |
| | | | | | | | |

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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: NC19P04850102 Replacement Housing Factor Grant No: | | Federal FY of Grant: FFY 2002 | |
| <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 | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 14,000.00 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | 17,910.00 | | 5,000.00 | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 8,000.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 124,197.00 | | 20,000.00 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 8,000.00 | | | |
| 12 | 1470 Nondwelling Structures | 7,000.00 | | | |
| 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 | | | | |

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

| | | |
|---|--|---|
| PHA Name: Maxton Housing Authority | Grant Type and Number Capital Fund Program Grant No: NC19P04850102 Replacement Housing Factor Grant No: | Federal FY of Grant: FFY 2002 |
|---|--|---|

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 |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 179,107.00 | | 25,000.00 | |
| 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: Maxton Housing Authority | | | Grant Type and Number Capital Fund Program Grant No: NC19P04850102 Replacement Housing Factor Grant No: | | | Federal FY of Grant: FFY 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 | |
| | | | | | | | | |
| | | | | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule | | | | | | | |
|--|---|---|--------|---|---------|-------------------------------|----------------------------------|
| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program No: NC19P04850102 Replacement Housing Factor No: | | | | Federal FY of Grant: FFY 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 Set aside for operations | 5/31/04 | | | 5/31/06 | | | |
| PHA Wide Administration of Capital Fund 10% annually | 5/31/04 | | | 5/31/06 | | | |

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

| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program No: NC19P04850102 Replacement Housing Factor No: | | | | | Federal FY of Grant: FFY 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 Fees and costs | 5/31/04 | | | 5/31/06 | | | | |
| PHA Wide Dwelling equipment | 5/31/04 | | | 5/31/06 | | | | |
| NC048-002 Bath Renovations (Will combine two years funding) | 5/31/04 | | | 5/31/06 | | | | |
| PHA Wide Office Renovations (Phase I) | 5/31/04 | | | 5/31/06 | | | | |
| | | | | | | | | |

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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: Not Yet Known Replacement Housing Factor Grant No: | | Federal FY of Grant: FFY 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 | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 14,000.00 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | 17,910.00 | | 5,000.00 | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 8,000.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 124,197.00 | | 20,000.00 | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 8,000.00 | | | |
| 12 | 1470 Nondwelling Structures | 7,000.00 | | | |
| 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 | | | | |

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

| | | |
|---|--|---|
| PHA Name: Maxton Housing Authority | Grant Type and Number Capital Fund Program Grant No: Not Yet Known Replacement Housing Factor Grant No: | Federal FY of Grant: FFY 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 |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 179,107.00 | | 25,000.00 | |
| 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: Maxton Housing Authority | | Grant Type and Number Capital Fund Program Grant No: Not Yet Known Replacement Housing Factor Grant No: | | | | Federal FY of Grant: FFY 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 | |
| | | | | | | | | |

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

| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program No: Not Yet Known Replacement Housing Factor No: | | | | Federal FY of Grant: FFY 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 Set aside for operations | 5/31/04 | | | 5/31/06 | | | | |
| PHA Wide Administration of Capital Fund 10% annually | 5/31/04 | | | 5/31/06 | | | | |

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

| PHA Name: Maxton Housing Authority | | Grant Type and Number Capital Fund Program No: Not Yet Known Replacement Housing Factor No: | | | | | Federal FY of Grant: FFY 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 Fees and costs | 5/31/04 | | | 5/31/06 | | | | |
| PHA Wide Dwelling equipment | 5/31/04 | | | 5/31/06 | | | | |
| NC048-002 Bath Renovations (Will combine 2004 funding) | 5/31/04 | | | 5/31/06 | | | | |
| | | | | | | | | |
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**Capital Fund Program Five-Year Action Plan
 Part I: Summary**

| | | | | | |
|--|--------|---|---|---|---|
| PHA Name Maxton Housing Authority | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | | | |
| Development Number/Name/HA- Wide | Year 1 | Work Statement for Year 2 FFY Grant: PHA FY: 2004 | Work Statement for Year 3 FFY Grant: PHA FY: 2005 | Work Statement for Year 4 FFY Grant: PHA FY: 2006 | Work Statement for Year 5 FFY Grant: PHA FY: 2007 |

| | Annual Statement | | | | |
|--------------------------------------|------------------|---------|---------|---------|---------|
| PHA Wide | | 67,499 | 55,000 | 70,000 | 41,000 |
| NC048-001 | | 15,000 | 175,000 | 80,000 | 59,000 |
| NC048-002 | | 87,000 | 0 | 60,000 | 80,000 |
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| CFP Funds Listed for 5-year planning | | 169,499 | 230,000 | 210,000 | 180,000 |
| | | | | | |
| Replacement Housing Factor Funds | | | | | |

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

| Activities for Year 1 | Activities for Year :2004 FFY Grant: PHA FY: 2004 | | | Activities for Year: 2005 FFY Grant: PHA FY: 2005 | | |
|-----------------------|---|--|---|---|--|---|
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| See | <u>PHA Wide</u> | 1. Administration and cost for CF Program 2. Reserve 10% for operations and management improvement 3. Dwelling Equipment 4. Non-Dwelling Equipment <i>Subtotal</i> | 18,499 18,000 4,000 27,000 67,499 | <u>PHA Wide</u> | 1. Administration cost for CF Program 2. Reserve for operations and management improvement 3. Dwelling Equipment 4. Non-Dwelling Equipment <i>Subtotal</i> | 14,000 22,000 9,000 10,000 55,000 |
| Annual | NC048-001 | 1. Fencing | 15,000 | NC048-001 | 1. Bathroom Renovations | 175,000 |
| Statement | NC048-002 | 1. Improve Site Drainage, Landscape 2. Complete Bathroom Renovations <i>Subtotal</i> | 60,000 27,000 102,000 | | Subtotal | 175,000 |
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|---------------------------------|------------|--|--|-----------|
| Total CFP Estimated Cost | \$169,499. | | | \$230,000 |
|---------------------------------|------------|--|--|-----------|

