

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

**nc058v01**

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:** Mars Hill Housing Authority

**PHA Number:** NC19P058

**PHA Fiscal Year Beginning: (mm/yyyy) 07/2003**

**PHA Plan Contact Information:**

**Name:** Barbara Robinson

**Phone:** 828-689-4531

**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 Housing Only**     **Section 8 Only**     **Public**

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**Small PHA Plan Update**

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**Small PHA Plan Update**

OMB Approval No: HHS-50075  
23790226  
Expires: 03/31/2002

**Annual PHA Plan  
Fiscal Year 20  
[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 ContentsPage #	
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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<b>Executive Summary (optional)</b>	<b>1</b>
<b>Annual Plan Information</b>	
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**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

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

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

**The Mars Hill Housing Authority has not made any major changes in its programs and policies included in last years Agency Plan. The Authority also does not intend to make any changes in its programs or policies for FY 2003.**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

**B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 75,337**

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

### **D. Capital Fund Program Grant Submissions**

**The Capital Fund Program Year 5 Action Plan is provided as Attachment C- nc058c01**

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

**The Capital Fund Program Annual Statement is provided as Attachment B- nc058b01**

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

**2. Activity Description**

<p><b>Demolition/Disposition Activity Description</b>  <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b></p>
<p><b>1a. Development name:</b>  <b>1b. Development (project) number:</b></p>
<p><b>2. Activity type: Demolition Disposition</b></p>
<p><b>3. Application status (select one)</b>                  Approved                  Submitted, pending approval                  Planned application</p>
<p><b>4. Date application approved, submitted, or planned for submission: (DD/MM/YY)</b></p>
<p><b>5. Number of units affected:</b>  <b>6. Coverage of action (select one)</b>                  Part of the development                  Total development</p>
<p><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)</p>
<p><b>8. Time line 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:</p>

**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.  
 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? \$ \_\_\_\_\_**

**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**

[24 CFR Part 903.7 9 (r)]

**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) - nc058f01
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 F (Nc058f01).
  - 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 regards to its 5-Year and Annual Plan:

- Changes to rent or admissions policies or organization of the waiting list;
- additions 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.

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

Applicable & On Display	Supporting Document	Related Plan Component
	<p><b>X</b> check here if included in the public housing A&amp;O Policy</p>	<p><b>Selection, and Admissions Policies</b></p>
	<p><b>Section 8 Administrative Plan</b></p>	<p><b>Annual Plan: Eligibility, Selection, and Admissions Policies</b></p>
<p><b>X</b></p>	<p><b>Public housing rent determination policies, including the method for setting public housing flat rents</b>  <b>X</b> check here if included in the public housing A &amp; O Policy</p>	<p><b>Annual Plan: Rent Determination</b></p>
<p><b>X</b></p>	<p><b>Schedule of flat rents offered at each public housing development</b>  <b>X</b> check here if included in the public housing A &amp; O Policy</p>	<p><b>Annual Plan: Rent Determination</b></p>
	<p><b>Section 8 rent determination (payment standard) policies</b>  <input type="checkbox"/> check here if included in Section 8 Administrative Plan</p>	<p><b>Annual Plan: Rent Determination</b></p>
<p><b>X</b></p>	<p><b>Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)</b></p>	<p><b>Annual Plan: Operations and Maintenance</b></p>
<p><b>X</b></p>	<p><b>Results of latest binding Public Housing Assessment System (PHAS) Assessment</b></p>	<p><b>Annual Plan: Management and Operations</b></p>
	<p><b>Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)</b></p>	<p><b>Annual Plan: Operations and Maintenance and Community Service &amp; Self-Sufficiency</b></p>
	<p><b>Results of latest Section 8 Management Assessment System (SEMAP)</b></p>	<p><b>Annual Plan: Management and Operations</b></p>
	<p><b>Any required policies governing any Section 8</b></p>	<p><b>Annual Plan:</b></p>

Applicable & On Display	Supporting Document	Related Plan Component
	<b>special housing types</b> <input type="checkbox"/> check here if included in Section 8 Administrative Plan	<b>Operations and Maintenance</b>
<b>X</b>	<b>Public housing grievance procedures</b> <b>X</b> check here if included in the public housing A & O Policy	<b>Annual Plan: Grievance Procedures</b>
	<b>Section 8 informal review and hearing procedures</b> <input type="checkbox"/> check here if included in Section 8 Administrative Plan	<b>Annual Plan: Grievance Procedures</b>
<b>X</b>	<b>The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year</b>	<b>Annual Plan: Capital Needs</b>
<b>X</b>	<b>Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants</b>	<b>Annual Plan: Capital Needs</b>
	<b>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</b>	<b>Annual Plan: Capital Needs</b>
<b>X</b>	<b>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).</b>	<b>Annual Plan: Capital Needs</b>
	<b>Approved or submitted applications for demolition and/or disposition of public housing</b>	<b>Annual Plan: Demolition and Disposition</b>
	<b>Approved or submitted applications for designation of public housing (Designated Housing Plans)</b>	<b>Annual Plan: Designation of Public Housing</b>
	<b>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</b>	<b>Annual Plan: Conversion of Public Housing</b>
	<b>Approved or submitted public housing homeownership programs/plans</b>	<b>Annual Plan: Homeownership</b>
	<b>Policies governing any Section 8 Homeownership program</b> (section ____ of the Section 8 Administrative Plan)	<b>Annual Plan: Homeownership</b>
	<b>Cooperation agreement between the PHA and the</b>	<b>Annual Plan:</b>

Applicable & On Display	Supporting Document	Related Plan Component
	TANF agency and between the PHA and local employment and training service agencies	Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p><b>PHDEP-related documentation:</b></p> <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 funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>• Coordination with other law enforcement efforts;</li> <li>• Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>• All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at	Pet Policy

Applicable & On Display	Supporting Document	Related Plan Component
	<b>24 CFR Part 960, Subpart G)</b> <b>X check here if included in the public housing A &amp; O Policy</b>	
<b>X</b>	<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>	<b>Annual Plan: Annual Audit</b>
	<b>Troubled PHAs: MOA/Recovery Plan</b>	<b>Troubled PHAs</b>
	<b>Other supporting documents (optional) (list individually; use as many lines as necessary)</b>	<b>(specify as needed)</b>

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 <small>(revision no. )</small>			Reserve for Disasters/ Emergencies Revised Annual Statement		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	<b>Total non-CFP Funds</b>				
2	<b>1406 Operations</b>				
3	<b>1408 Management Improvements</b>				
4	<b>1410 Administration</b>				
5	<b>1411 Audit</b>				
6	<b>1415 liquidated Damages</b>	<b>See Attachment File</b>			
7	<b>1430 Fees and Costs</b>	<b>nc058b01</b>			
8	<b>1440 Site Acquisition</b>				
9	<b>1450 Site Improvement</b>				
10	<b>1460 Dwelling Structures</b>				
11	<b>1465.1 Dwelling Equipment—Nonexpendable</b>				
12	<b>1470 Nondwelling Structures</b>				
13	<b>1475 Nondwelling Equipment</b>				
14	<b>1485 Demolition</b>				
15	<b>1490 Replacement Reserve</b>				
16	<b>1492 Moving to Work Demonstration</b>				
17	<b>1495.1 Relocation Costs</b>				

<b>18</b>	<b>1498 Mod Used for Development</b>				
<b>19</b>	<b>1502 Contingency</b>				
<b>20</b>	<b>Amount of Annual Grant: (sum of lines 2-19)</b>				
<b>21</b>	<b>Amount of line 20 Related to LBP Activities</b>				
<b>22</b>	<b>Amount of line 20 Related to Section 504 Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>				
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>				



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work





### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
See Attachment File nc058c01		
<b>Total estimated cost over next 5 years</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 PHH Notices.

## Section I. General Information/History

- A. Amount of PHDEP Grant \$ \_\_\_\_\_
- B. Eligibility type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_
- C. FFY in which funding is requested \_\_\_\_\_
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

## E. Target Areas

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

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

## 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 closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.



				Date			
1.							
2.							
3.							

<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</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>

	<b>d</b>			<b>Date</b>			
<b>1.</b>							
<b>2.</b>							
<b>3.</b>							

<b>9120 - Security Personnel</b>	<b>Total PHDEP Funding: \$</b>
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<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>
<b>1.</b>							
<b>2.</b>							
<b>3.</b>							

<b>9130 - Employment of Investigators</b>	<b>Total PHDEP Funding: \$</b>
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<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>
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<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>9150 - Physical Improvements</b>	<b>Total PHDEP Funding: \$</b>
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<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</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.							



**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:**

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

**Elected**

**Appointed**

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

- B. Date of next term expiration of a governing board member: April 30, 2003**

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

**John L. Chandler, 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.)**

**Alta Capps  
Evelyn Coates  
Doris Harwood  
Evelyn Hunter  
Sarita Quezada  
Patricia Robinson**

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

<b>PHA Name:</b>  MARS HILL HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: NC19P05850103 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	\$1,447			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$8,100			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$65,790			
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)	\$75,337			
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				
PHA Name:  MARS HILL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19P05850103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )		
<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		





## 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.

<b>CFP 5-Year Action Plan</b>		
<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>Total estimated cost over next 5 years</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>MARS HILL HOUSING AUTHORITY</b>		Locality: (City/County & State) <b>MARS HILL/MADISON/NORTH CAROLINA</b>			O Original	Q Revision No. _____
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 58-1 - SCATTERED SITES	<b>See Annual Statement</b>	65,790	65,790	65,790	65,790	
B. Physical Improvements Subtotal		65,790	65,790	65,790	65,790	
C. Management Improvements		0	0	0	0	
D. HA-Wide Nondwelling Structures and Equipment		0	0	0	0	
E. Administration		0	0	0	0	
F. Other		9,547	9,547	9,547	9,547	
G. Replacement Reserve		0	0	0	0	
H. Total CGP Funds		75,337	75,337	75,337	75,337	
I. Total Non-CGP Funds		0	0	0	0	
J. Grand Total		75,337	75,337	75,337	75,337	
Signature of Executive Director:		Date:	Signature of Public Housing Director/Office of Native American Programs Administrator		Date:	

**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 58-1 - SCATTERED SITES</u>			<u>NC 58-1 - SCATTERED SITES</u>		
	Interior Plumbing	10	12,000	Sidewalks/Utilities	LS	27,090
	Painting	10	8,790	Interior Plumbing	7	11,200
	Bathrooms	10	9,000	Dwelling Equipment/Appliances	20	14,000
	Kitchens	10	19,000	Painting	7	6,500
	Floors	10	11,000	Bathrooms	7	7,000
	Interior Doors	10	6,000			
	<b>SUBTOTAL NC 58-1 SCATTERED SITES</b>		<b>65,790</b>	<b>SUBTOTAL NC 58-1 SCATTERED SITES</b>		<b>65,790</b>

	Subtotal of Estimated Cost	<b>65,790</b>		Subtotal of Estimated Cost	<b>65,790</b>
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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>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 58-1 - SCATTERED SITES</u>			<u>NC 58-1 - SCATTERED SITES</u>		
	Interior Plumbing	10	12,000	Sitework/Utilities	10	33,000
	Roofing	6	21,000	Roofing	6	21,000
	Sidewalks/Drives	LS	7,000	Sidewalks/drives	LS	7,000
	Site Utilities	LS	7,378	Windows/Security Screens	LS	4,790
	Kitchens	10	18,412			
	<b>SUBTOTAL NC 58-1 SCATTERED SITES</b>		<b>65,790</b>	<b>SUBTOTAL NC 58-1 SCATTERED SITES</b>		<b>65,790</b>

	Subtotal of Estimated Cost		<b>65,790</b>	Subtotal of Estimated Cost	

**Five-Year Action Plan**

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

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

**Part III: Supporting Pages**  
**Management Needs Work Statement(s)**  
Comprehensive Grant Program (CGP)

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
<b>See Annual Statement</b>	None		0	None		0
	<u>OTHER</u>			<u>OTHER</u>		
	Fees and Costs		\$8,100	Fees and Costs		\$8,100
	Operations		\$1,447	Operations		\$1,447

	Subtotal of Estimated Cost		<b>\$9,547</b>	Subtotal of Estimated Cost		<b>\$9,547</b>

**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
<b>See Annual Statement</b>	None		0	None		0
	<u>OTHER</u>			<u>OTHER</u>		
	Fees and Costs		\$8,100	Fees and Costs		\$8,100
	Operations		\$1,447	Operations		\$1,447

	Subtotal of Estimated Cost		<b>\$9,547</b>	Subtotal of Estimated Cost		<b>\$9,547</b>

## **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 Mars Hill Housing Authority has only one (1) development and it is subject to the Required Initial Assessment. The Development is NC58-1 and consists of 47 dwelling units.

The Mars Hill 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>PHA Name:</b>  MARS HILL HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: NC19P05850101 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2001
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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	\$1,447		\$1,447	\$1,447
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$8,500		\$8,500	\$3,400
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$63,778		\$63,778	\$63,778
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$5,600		\$5,600	\$5,600
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)	\$79,325		\$79,325	\$74,225
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					
PHA Name:  MARS HILL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19P05850101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  2001	
† Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) ■ 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.

<b>CFP 5-Year Action Plan</b>		
<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>Total estimated cost over next 5 years</b>		

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

<b>PHA Name:</b>  MARS HILL HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: NC19P05850102 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	\$1,447		\$1,447	0
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$8,100		\$8,100	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$65,790		0	0
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)	\$75,337		\$9,547	0
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**

<b>PHA Name:</b>  MARS HILL HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program: NC19P05850102 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	
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.

<b>CFP 5-Year Action Plan</b>		
<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>Total estimated cost over next 5 years</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 interiors 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 1 development) 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**

### **PHA Certification**

#### **Deconcentration of Poverty and Income Mixing**

In accordance with the Federal Register 24 CFR Part 903, Section § 903.2 (2)(b)(2), the Mars Hill 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.