

Small PHA Plan Update
Annual Plan for Fiscal Year: 07/01/03-06/30/04

**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: CITY OF MOUNT HOLLY, DEPARTMENT OF HOUSING

PHA Number: NC119

PHA Fiscal Year Beginning: (07/01/03)

PHA Plan Contact Information:

Name: Kathy Hensley

Phone: 336-548-6619

TDD: 800-735-2962

Email (if available): madisonhousing@earthlink.com

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

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ii. Executive Summary

[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

There are no anticipated changes in policies or programs.

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** : 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? \$ ___ **Unknown for 2003**

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

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 **D**

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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: <u>(DD/MM/YY)</u>	
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. 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. **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. **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)]

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

1. **Yes** : 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 __G__.
- 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) **Consolidated Plan of the 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

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)

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

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:

B. Significant Amendment or Modification to the Annual Plan:

Attachment A
Supporting Documents Available for Review

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
XX	Fair Housing Documentation Supporting Fair Housing Certifications: Records 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
XX	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
XX	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
XX	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
XX	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
XX	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
XX	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
XX	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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
XX	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · 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
XX	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
XX	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
XX	Other supporting documents (optional) (Voluntary Conversion information)	(specify as needed)

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: City of Mount Holly, Dept. of Housing Holly Hill Apartments	Grant Type and Number Capital Fund Program: NC119P11950101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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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	6,000	6,000	6,000	5,144.13
3	1408 Management Improvements	3,000	3,000	3,000	1,203.05
4	1410 Administration	3,000	3,000	3,000	1,410.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	8,000	8,000	8,000	4,700.00
8	1440 Site Acquisition				
9	1450 Site Improvement	3,000	12,000	7,759.91	7,759.91
10	1460 Dwelling Structures	66,814	57,814	57,814	9,170.27
11	1465.1 Dwelling Equipment—Nonexpendable	3,000	3,000	1,337.93	1,337.93
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)	92,814	92,814	86,911.84	30,725.29
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: City of Mount Holly, Dept. of Housing Holly Hill Apartments	Grant Type and Number Capital Fund Program: NC119P11950102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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xxOriginal 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	9,000			
3	1408 Management Improvements	3,000			
4	1410 Administration	3,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	8,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	13,000			
10	1460 Dwelling Structures	49,334		18,956	0
11	1465.1 Dwelling Equipment—Nonexpendable	3,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities	88,334		18,956	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: City of Mount Holly, Dept of Housing		Grant Type and Number Capital Fund Program #: NC119P11950101 Capital Fund Program Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC119	Temporary help as needed, and computer support as needed	1406		6,000	6,000	6,000	5,144.13	
NC119	Coordinator to operate computer learning center.	1408		3,000	3,000	3,000	1,203.05	
NC119	Pay part of staff salary to administer CFG, computer training, etc.	1410		3,000	3,000	3,000	1,410.00	
NC119	Architect fees to prepare plans, specs, Bids, etc.	1430		8,000	8,000	8,000	4,700.00	
NC119	Fertilize, plant shrubs, repair road where sinking and pot hole at entrance.	1450		3,000	12,000	7,759.91	7,759.91	
NC119	Replace entry door and door jams, replace stair treads, install dryer hook ups in units and smoke detectors as funds allow, purchase digital camera for inspections.	1460		66,814	57,814	57,814	9,170.27	
NC119	Replace stoves and refrigerators as needed	1465.1		3,000	3,000	1,337.93	1,337.93	

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

PHA Name: City of Mount Holly, Dept. of Housing Holly Hill Apartments		Grant Type and Number Capital Fund Program #: NC119P11950102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC119	GENERAL DESCRIPTION OF MAJOR WORK CATEGORIES (MAINT. LABOR HOURS INCREASED	1406		9,000				
NC119	COORDINATOR TO OPERATE COMPUTER LEARNING CENTER	1408		3,000				
NC119	ADMINISTER CFG, COMPUTER TRAINING AND SUPPORT AS NEEDED AND PURCHASE WORK ORDER SYSTEM	1410		3,000				
NC119	ARCHITECT FEES TO PREPARE PLANS, SPECS, BIDS, ETC.	1430		8,000				
NC119	FERTILIZE, PLANT SHRUBS, REPOAIR ROAD WHERE SINKING AND POT HOLE AT ENTREANCE. ALSO TRIM HEDGES AND SHRUBS AS NEEDED.	1450		13,000				
NC119	REPLACE BATHROOM AND KITCHEN LIGHT FIXTURES, REPLACE INTERIOR DOORS AS NEEDED	1460		49,334				
NC119	REPLACE STOVES AND REFRIGERATORS AS NEEDED	1465.1		3,000				

Capital Fund Program 5-Year Action Plan

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number NC119	Development Name Holly Hill Apartments (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements		
	Estimated Cost	Planned Start Date (HA Fiscal Year)
Repair road on Noles Drive where it is sinking—We have discussed this with City Manager, Assistant city Manager, Public Works. They say they will look into this, seek proposals, and get back with us.	12,000	2002
Carbon monoxide detectors installed.	9,200	2002-2003
Install safety ladder in each 2 nd floor unit.	4,000	2002-2003
Install computer learning center and instructor for learning center.	10,000	2002-2003
Install overhead lights in living room.	20,000	2002-2003
Continue upgrading the landscaping.	20,000	2002-2005
Replace bathroom and kitchen light fixtures. Replace interior doors as needed.	49,334	2002-2003
Replace stoves and refrigerators as needed.	6,000	2002-2005
Continue to replace water heaters as needed.	10,000	2002-2005
Total estimated cost over next 5 years	140,534	

PHA Public Housing Drug Elimination Program Plan

ATTACHEMENT D

Not Applicable—Holly Hill Apartments is not eligible for PHDEP funding.

Attachment E: Resident Member on the PHA Governing Board

1. **X** No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

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

- Elected
 Appointed

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

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
XX the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 Other (explain):

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

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

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

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

Darl G. Hord, Annie Hord, Michelle Deese, Lilly Tench, Eddie Keziah, Patricia Keziah, Tina Tench, Mary Doherty, Sonia Moore, Jennifer Mincey, Micheal Thomas, Carol Stierwalt, and Mary Connelly.

All residents were given a notice about the Resident Advisory board and asked to attend a meeting if they were interested in serving on the Advisory Board.

ATTACHMENT G

Resident Advisory Board Comments and PHA Response

Residents again stated they are pleased with the air conditioning and new furnaces. Residents would like carbon monoxide detectors in each unit, and safety ladders installed on 2nd floor in each unit. This is planned for year 2002 CFG funds. Management explained why it was not feasible to install dryer hook-ups in the units.

Residents would like to continue to upgrade the landscaping at Holly Hill. Many are still concerned about the children destroying the shrubs. Additional landscaping is budgeted and residents will take a more active role in watching the children so they will not destroy the shrubs. Also, residents were encouraged to continue planting flowers, etc in the spring.

Residents look forward to the computer learning center at Holly Hill.

Residents stated they are pleased with maintenance and Holly Hill will continue to provide quality maintenance service.

ATTACHMENT H

Statement of Progress in Meeting the 5-Year Plan Goals

Goal: Install Air Conditioning in the units.

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

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

Progress: A new site manager for Holly Hill was hired in May 2002. The new manager has maintained contact with the City Manager, Assistant City Manager and the residents. All are aware of the CFG and other activities taking place at Holly Hill.

Goal: Insure PHA is fiscally responsible.

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

Goal: Maintain PHA physical assets.

Progress: REAC inspection was good and PHA physical assets are in good condition.

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

Progress: The Resident ID/Guest Pass program is continuing. There is an after school tutoring program for the children and an after school weekly meeting with local church volunteers. The city is thinking about updating the playground next to the property for the children. Management is in the process of setting up a computer center for adults and children to assist with homework, job search, and improving computer skills, etc.

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

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

Goal: Replace water heaters.

Progress: Water heaters will be replaced in all 2nd floor units under the CFG2001. Water heaters are being replaced in other units as the need arises.

Goal: Install dryer connections in all units.

Progress: The architect and maintenance personnel determined it is not feasible to install dryer connections due to layout of units and placement of electrical box.

Goal: Replace living room, bath and kitchen light fixtures.

Progress: These items will be included in CFG2002.

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

ATTACHMENT I

FOLLOW-UP PLAN

Communication: Manger will schedule quarterly meetings with the residents to inform them of progress of the plan and discuss issues the residents might have. Manager will deliver notices regarding activities at Holly Hill Apartments.

Safety: Will continue the resident ID/Guest Pass Program and the Police will continue to monitor this. There will be safety meetings scheduled with the Police and Fire Departments to discuss safety issues the residents may have. We will also check into purchasing safety ladders for 2nd floor units.

Neighborhood Appearance: Management will continue to monitor any issues or problems that may occur with abandoned cars, broken glass, and graffiti, as stated in the resident survey.