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(exp. 02/28/2006)

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

PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004
Annual Plan for Fiscal Year 2004

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 Goldsboro Housing

PHA Number: NC015

PHA Fiscal Year Beginning: (mm/yyyy) 07/2004

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

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

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

☒ The PHA's mission is: (: "THE GOLDSBORO HOUSING AUTHORITY WILL ENDEAVOR TO PARTNER WITH THE COMMUNITY TO PROVIDE DECENT, SAFE, AFFORDABLE HOUSING OPPORTUNITIES TO ITS CUSTOMERS BY PROVIDING EXCELLENT CUSTOMER SERVICE, A WELL MAINTAINED HOUSING STOCK, AND SELF-SUFFICIENCY OPPORTUNITIES FOR WILLING FAMILIES AND RESIDENTS.")

B. Goals

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

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

☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- ☒ Reduce public housing vacancies:
- ☒ Leverage private or other public funds to create additional housing opportunities:
- ☒ Acquire or build units or developments
- ☐ Other (list below)

☒ PHA Goal: Improve the quality of assisted housing
Objectives:

☒ Improve public housing management: (PHAS score) Extensive training for all GHA employees relative to key components of the PHAS system to increase scoring 2% each year for the next 5 years or until High Performer Designation is attained.

☒ Improve voucher management: (SEMAP score)
☒ Increase customer satisfaction: To establish a quality control program for maintenance work orders to ensure the quality of work performed by maintenance staff is satisfactory. The Supervisory staff will inspect 1% random sample of work orders. Maintenance staff having deficiencies will be identified, counseled, and trained.

☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) We have established a quality control program for maintenance work orders to ensure the quality of work performed by maintenance staff is satisfactory. The Supervisory staff inspects 1% random sample of work orders. Maintenance staff having deficiencies will be identified, counseled, and trained. A new computer system has been installed but must be refined to allow easy access for the Data Specialist to sort out clusters of problems and identify capital needs projects.

☒ Renovate or modernize public housing units:
☐ Demolish or dispose of obsolete public housing:
☐ Provide replacement public housing:
☐ Provide replacement vouchers:
☐ Other: (list below)

☒ PHA Goal: Increase assisted housing choices
Objectives:
☒ Provide voucher mobility counseling:
☒ Conduct outreach efforts to potential voucher landlords
☐ Increase voucher payment standards
☐ Implement voucher homeownership program:
☒ Implement public housing or other homeownership programs: To purchase at least one dwelling unit each year for the homeownership program through Goldsboro Development Corporation, a Goldsboro Housing Authority Non-Profit Organization.
☐ Implement public housing site-based waiting lists:
☐ Convert public housing to vouchers:
☐ Other: (list below)

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

☒ PHA Goal: Provide an improved living environment
Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements: We have budgeted for security screens and dead bolt locks in NC15-7 over the next 5 years.
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

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

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

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability: To work with local agencies through cooperative agreements to provide self-sufficiency programs for residents.
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

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

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

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: To participate in workshops and training sessions developed to bring awareness of fair housing and equal opportunity.

- ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:

☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2004
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:
- ☒ **High Performing PHA**
- ☐ **Small Agency (<250 Public Housing Units)**
- ☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 (r)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

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

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Attachments

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

Required Attachments:

☒ Admissions Policy for Deconcentration (nc015a01)
☒ FY 2003 Capital Fund Program Annual Statement (nc015b01)
FY 2004 Capital Fund Program Annual Statement (nc015c01)
NC19PO1550101 PE December 2003 (nc015d01)
NC19PO1550102 PE December 2003 (nc015e01)
NC19PO15501-03 PE December 2003 (nc015f01)
NC19PO1550103 PE December 2003 (nc015g01)

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

Statement of Progress in Meeting 5-Year Mission and Goals (nc015h01)
Deconcentration and Income Mixing (nc015i01)
Voluntary Conversion Required Initial Assessment (nc015j01)
Description of Implementation of Community Service Requirement(nc015k01)
Description of Pet Policy (nc015l01)
Membership of the Resident Advisory Board (nc015m01)
Resident Advisory Board Recommendations (nc015n01)
Resident Membership of the PHA Governing Board (nc015o01)
Definition of Substantial Deviation and Significant Amendment (nc015p01)

Optional Attachments:

☐ PHA Management Organizational Chart
☒ FY 2004 Capital Fund Program 5 Year Action Plan (nc015q01)
☐ Public Housing Drug Elimination Program (PHDEP) Plan
☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (nc015r01)
☒ Other (List below, providing each attachment name)

Statement of Consistency with Consolidated Plan (nc015s01)
Narrative Statement ending December 2003 (nc015t01)

Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
*	Section 8 rent determination (payment standard) policies ☐ 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
*	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
*	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
*	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
*	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
*	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
*	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
*	The most recent fiscal year audit of the PHA conducted	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	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	
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
*	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
*	Follow Up Plan	Annual Plan
*	GHA Voluntary Conversion Required Initial Assessments	Annual Plan
*	Income Analysis of Public Housing Covered Developments	Annual Plan
*	Community Service Requirement Plan	Annual Plan
*	Pet Policy	Annual Plan

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	4903	3	NA	NA	NA	NA	NA
Income >30% but <=50% of AMI	3280	3	NA	NA	NA	NA	NA
Income >50% but <80% of AMI	6739	2	NA	NA	NA	NA	NA
Elderly	1858	3	NA	NA	NA	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

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

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2003-2004
☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
☐ American Housing Survey data
Indicate year:
☐ Other housing market study
Indicate year:
☐ Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☒ Section 8 tenant-based assistance ☐ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	336		28%
Extremely low income <=30% AMI	221	66%	
Very low income (>30% but <=50% AMI)	97	29%	
Low income (>50% but <80%			

Housing Needs of Families on the Waiting List			
AMI)	18	5%	
Families with children	238	71%	
Elderly families	15	4%	
Families with Disabilities	73	20%	
Race/ethnicity – B	317	94%	
Race/ethnicity – W	16	5%	
Race/ethnicity – H	3	1%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	N/A	N/A	N/A
2 BR	N/A	N/A	N/A
3 BR	N/A	N/A	N/A
4 BR	N/A	N/A	N/A
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A

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

If yes:

How long has it been closed (# of months)? 10

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

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

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

Housing Needs of Families on the Waiting List

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	82		24.3%
Extremely low income <=30% AMI	61	75%	
Very low income (>30% but <=50% AMI)	20	24%	
Low income (>50% but <80% AMI)	1	1%	
Families with children	45	55%	
Elderly families	1	1%	
Families with Disabilities	36	44%	
Race/ethnicity- B	78	95%	
Race/ethnicity – W	2	3%	
Race/ethnicity – H	1	1%	
Race/ethnicity - C	1	1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	35	43%	10%
2 BR	41	50%	12%
3 BR	5	6%	2%
4 BR	1	1%	0.3%
5 BR	0	0%	0 %
5+ BR			

Housing Needs of Families on the Waiting List
Is the waiting list closed (select one)? ☒ No ☐ Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI
Select all that apply

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

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

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

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

Need: Specific Family Types: The Elderly

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

☐ Seek designation of public housing for the elderly
☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
☒ Other: (list below)
The GHA has 100 units designated for the elderly and continues to monitor data for increased number of elderly.

Need: Specific Family Types: Families with Disabilities

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

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

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

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

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

Strategy 2: Conduct activities to affirmatively further fair housing
Select all that apply

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

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

(2) Reasons for Selecting Strategies
Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

☒ Funding constraints
☐ Staffing constraints
☒ Limited availability of sites for assisted housing
☒ Extent to which particular housing needs are met by other organizations in the community

☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☐ Influence of the housing market on PHA programs
☐ Community priorities regarding housing assistance
☐ Results of consultation with local or state government
☐ Results of consultation with residents and the Resident Advisory Board
☐ Results of consultation with advocacy groups
☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2003 grants)**		
a) Public Housing Operating Fund	2,495,296.00	
b) Public Housing Capital Fund	1,778,521.00 354,453.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,009,235.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income		Public Housing Operations
	2,294,890.00	
4. Other income (list below)		Public Housing Operations
INTEREST	26,860.00	
OTHER OPERATING RECEIPTS	230,000.00	
4. Non-federal sources (list below)		
Total resources	8,189,255.00	Public Housing Operations

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

☐ When families are within a certain number of being offered a unit: (state number)

☐ When families are within a certain time of being offered a unit: (state time)

☒ Other: (When application is submitted and re-verify at time of offer of a unit.

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

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

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

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

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

(2)Waiting List Organization

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

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

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year?

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

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

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

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

(3) Assignment

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

☐ One
☐ Two
☒ Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

☒ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☒ Victims of reprisals or hate crimes
☒ Other preference(s) (list below)
Working families as allowed by the QWHRA of 1998

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

☒ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☒ Victims of reprisals or hate crimes
☒ Other preference(s) (list below)
Working families as allowed by the QWHRA of 1998

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

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
☒ The PHA-resident lease
☒ The PHA's Admissions and (Continued) Occupancy policy
☒ PHA briefing seminars or written materials
☒ Other source (list)
The GHA has published a Resident Handbook that is given out at lease up.

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
☒ At an annual reexamination and lease renewal
☒ Any time family composition changes
☐ At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☒ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☒ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐ Adoption of site based waiting lists
If selected, list targeted developments below:

☒ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☒ Yes ☐ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

☒ Additional affirmative marketing
☐ Actions to improve the marketability of certain developments
☒ Adoption or adjustment of ceiling rents for certain developments
☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

☐ Not applicable: results of analysis did not indicate a need for such efforts
☒ List (any applicable) developments below:
NC15-1,NC15-2,NC15-3,NC15-4,NC15-5,NC15-6,NC15-7,NC15-8

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

☐ Not applicable: results of analysis did not indicate a need for such efforts
☒ List (any applicable) developments below:
Little Washington(NC-8)

B. Section 8

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

(1) Eligibility

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

☒ Criminal or drug-related activity only to the extent required by law or regulation

☐ Criminal and drug-related activity, more extensively than required by law or regulation

☐ More general screening than criminal and drug-related activity (list factors below)

☐ Other (list below)

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

☐ Criminal or drug-related activity

☒ Other (describe below)

Previous Housing Record

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

☒ None

☐ Federal public housing

☐ Federal moderate rehabilitation

☐ Federal project-based certificate program

☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

☐ PHA main administrative office
☒ Other (list below)

Section 8 Office
1608 E. Holly Street
Goldsboro, NC 27530

(3) Search Time

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

If yes, state circumstances below:
An extension can be granted to new family members coming off the waiting list due to illness, death in the family, or the unit needing repairs.

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

Working families as allowed by the QWHRA of 1998.

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

Working families as allowed by the QWHRA of 1998

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

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

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)
☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)
☒ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

NA

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
☐ The Section 8 Administrative Plan
☐ Briefing sessions and written materials
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
☐ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

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

b. Minimum Rent

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

☐ $0
☐ $1-$25
☐ $26-$50

2. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below**:**

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

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

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

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☐ For the earned income of a previously unemployed household member
☐ For increases in earned income

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

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

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

e. Ceiling rents

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

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

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

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

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

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The “rental value” of the unit

☐ Other (list below)

f. Rent re-determinations:

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

☐ Never
☐ At family option
☐ Any time the family experiences an income increase
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
☐ Other (list below)

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

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

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

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

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

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

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

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

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

☒ Annually
☐ Other (list below)

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

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

(2) Minimum Rent

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

☐ $0
☐ $1-$25
☒ $26-$50

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

☐ An organization chart showing the PHA's management structure and organization is attached.

☒ A brief description of the management structure and organization of the PHA follows: The GHA is governed by a seven member board. The agency is organized under the executive director and four main divisions;

- Management. This division is responsible for the day-to-day operation of the agency's conventional public housing (1225 units). Departments included are: Occupancy; responsible for maintaining the waiting list, Maintenance; responsible for routine and emergency work order intake and routine and preventive maintenance, Housing Managers; responsible for rent collections and re-certification. Also within this division is legal services, drug elimination and resident services.
- Section 8. This division is responsible for the agency's leased-housing programs, the waiting list, annual reexaminations, unit inspections, and quality control.
- Finance and Administration. This division is responsible for all accounting, procurement, payroll and general services.
- Modernization. This division is responsible for the management of the agency's capital program, from design to oversight of general contractors.

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year	Expected Turnover

	Beginning	
Public Housing		
Section 8 Vouchers	237	62
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below)

The GHA Maintenance Policy ; included in this is:

- an emergency gas plan,
- extermination plan; that each unit is treated bi-annually and again weekly for follow-up and newly leased units(this is contracted out to other agencies),
- an inspection policy; that each unit is inspected annually
- a Quality Control Inspection Policy. The GHA has established a QCI Team of inspectors to inspect randomly selected units to ensure the quality of work performed, and that HQS standards are met. Any areas of deficiencies will be identified and responded to. The goal is to inspect 1% annually.

The Admissions & Continued Occupancy Policy
The Procurement Policy
The Personnel Policy

(2) Section 8 Management: (list below)

The Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

☐ PHA main administrative office
☒ Other (list below)
Section 8 Office
1608 E. Holly St
Goldsboro, NC 27530

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) nc015b01 and nc015c01

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name nc015q01

-or-

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

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

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

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

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

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: Elmwood Terrace 1b. Development (project) number: NC015006
2. Activity type: Demolition ☒ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☒
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 8 6. Coverage of action (select one) ☒ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: 2005 b. Projected end date of activity: 2005

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

[24 CFR Part 903.7 9 (i)]

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

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families

and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

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

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

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority:

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 12/05/2000

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

☐ Client referrals
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☐ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

☐ Public housing rent determination policies
☐ Public housing admissions policies
☐ Section 8 admissions policies
☐ Preference in admission to section 8 for certain public housing families

☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
☐ Preference/eligibility for public housing homeownership option participation
☐ Preference/eligibility for section 8 homeownership option participation
☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

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

Section 8		

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

C. Welfare Benefit Reductions

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

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

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

The GHA has developed and is currently implementing a policy on the administration of the Community Service Requirement.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

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

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

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: ___)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

The GHA has developed and adopted a pet policy following regulations of the Final Rule and is currently enforcing that policy.

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

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

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

☒ Attached at Attachment (File name) nc015n01

☐ Provided below:

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

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

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

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

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

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

☐ Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot

☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance

☐ Any head of household receiving PHA assistance

☐ Any adult recipient of PHA assistance

☐ Any adult member of a resident or assisted family organization

☐ Other (list)

c. Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

☐ Representatives of all PHA resident and assisted family organizations

☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (City of Goldsboro)

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

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

☐ Other: (list below)

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

The Consolidated Plan and the PHA Plan both strive to provide safe, sanitary and decent housing. Both plans meet the priority to provide low-income households with affordable housing. The PHA has partnered with the City to develop homeownership opportunities for low-income persons

D. Other Information Required by HUD

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

Attachments

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

PHA Plan
Table Library

Component 7
Capital Fund Program Annual Statement
Parts I, II, and II

Annual Statement
Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	**Amount of Annual Grant (Sum of lines 2-19)**	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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.

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years		

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		**Activity Description**						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III *Component 7a*	Development Activities *Component 7b*	Demolition / disposition *Component 8*	Designated housing *Component 9*	Conversion *Component 10*	Home-ownership *Component 11a*	Other (describe) *Component 17*

After performing an analysis of relative tenant incomes and household incomes of census tracks, the results indicate a successful mix of income levels achieved throughout. This has been accomplished through careful applicant placement efforts as well as an aggressive maintenance plan (See Maintenance Plan) to elevate standards of apartment preparation. This includes a corresponding budget commitment which funds the significant repairs required during unit turnover. Our plans are to continue this commitment as budget allows. Additionally, we have a comprehensive renovation plan (See Capital Fund) in place which is targeting distressed developments in an attempt to make the units competitive with the private market stock. We expect that this will attract higher income families so that we can mix higher income levels with the predominantly low income levels already in our public housing profile. Implementation of ceiling rents proved to be beneficial in our goals to attract higher income families. We transitioned ceiling rents to flat rents beginning with fiscal year 2003. Based on the success of our current approach to income-mixing, we have no plans to implement an incentive program at this time other than continuing a preference for working families.

Likewise, our Section 8 program has been successful in achieving a mix of tenant income levels. Our plan to continue the process will be improved by establishing a Payment Standard equal to 110% of Fair Market rent. This will attract new landlords from a variety of areas to further disperse concentration of low income housing. We anticipate that it will also provide an influx of units that will offer improved amenities to attract higher income families since the payment standard allows for higher rents.

INCOME ANALYSIS SUMMARY FOR LOW RENT AND SECTION 8

LOW RENT PROJECT NO.	Below 30%	Between 30 – 50%	Above 50%
01	81%	15%	4%
02	90%	8%	3%
03	72%	24%	4%
04	81%	14%	5%
05	58%	31%	11%
06	82%	14%	4%
07	83%	11%	6%
08	54%	38%	8%
PHA-WIDE AVG.	75%	19%	6%
SECTION 8	76%	20%	4%

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550203 Replacement Housing Factor Grant No:	2003

[X] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number _____ [ ] Performance and Evaluation Report for Program Year Ending _____

[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1		Total Non-CFP Funds				
2	1406	Operations (May not exceed 10% of line 21)	0.00			
3	1408	Management Improvements	0.00			
4	1410	Administration	0.00			
5	1411	Audit	0.00			
6	1415	Liquidated Damages	0.00			
7	1430	Fees and Costs	0.00			
8	1440	Site Acquisition	0.00			
9	1450	Site Improvement	20,000.00			
10	1460	Dwelling Structures	282,453.00			
11	1465.1	Dwelling Equipment - Nonexpendable	52,000.00			
12	1470	Nondwelling Structures	0.00			
13	1475	Nondwelling Equipment	0.00			
14	1485	Demolition	0.00			
15	1490	Replacement Reserve	0.00			
16	1492	Moving to Work Demonstration	0.00			
17	1495.1	Relocation Costs	0.00			
18	1499	Development Activities	0.00			
19	1501	Collaterization or Debt Service	0.00			
20	1502	Contingency (May not exceed 8% of line 21)	0.00			
21	**Amount of Annual Grant (Sum of lines 2-20)**		354,453.00			
22	Amount of line 20 Related to LBP Activities					
23	Amount of line 20 Related to Section 504 Compliance					
24	Amount of line 20 Related to Security - Soft Cost					
25	Amount of line 20 Related to Security - Hard Cost		21,267.00			
26	Amount of line 20 Related to Energy Conservation Measures					

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550103 Replacement Housing Factor Grant No:	2003

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW								
NC 15-2 LINCOLN								
NC 15-3 FAIRVIEW								
NC 15-4 LINCOLN	Sitework - Fencing	1450	L.S.	20,000.00				
NC 15-5 WOODCREST								
NC 15-6 ELMWOOD								
NC 15-7 WEST HAVEN	Kitchen Renovations	1460	89 units	261,186.00				
FAIRVIEW EAST	Entrance Door/Hardware	1460	L.S.	21,267.00				
	Ranges	1465	200 units	52,000.00				
NC 15-8 LITTLE WASHINGTON								
PHA WIDE NONDWELL EQUIP								
PHA WIDE								
				354,453.00				

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550103 Replacement Housing Factor Grant No:	2003

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	Feb 13, 2006			Feb 13, 2008			
NC 15-2 LINCOLN	Feb 13, 2006			Feb 13, 2008			
NC 15-3 FAIRVIEW	Feb 13, 2006			Feb 13, 2008			
NC 15-4 LINCOLN	Feb 13, 2006			Feb 13, 2008			
NC 15-5 WOODCREST	Feb 13, 2006			Feb 13, 2008			
NC 15-6 ELMWOOD	Feb 13, 2006			Feb 13, 2008			
NC 15-7 WEST HAVEN	Feb 13, 2006			Feb 13, 2008			
NC 15-8 LITTLE WASHINGTON	Feb 13, 2006			Feb 13, 2008			

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550104 Replacement Housing Factor Grant No:	2004

[X] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number _____ [ ] Performance and Evaluation Report for Program Year Ending _____

[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1		Total Non-CFP Funds				
2	1406	Operations (May not exceed 10% of line 21)	100,000.00			
3	1408	Management Improvements	108,220.00			
4	1410	Administration	176,586.00			
5	1411	Audit	6,600.00			
6	1415	Liquidated Damages	0.00			
7	1430	Fees and Costs	92,175.00			
8	1440	Site Acquisition	0.00			
9	1450	Site Improvement	100,000.00			
10	1460	Dwelling Structures	1,396,286.00			
11	1465.1	Dwelling Equipment - Nonexpendable	25,850.00			
12	1470	Nondwelling Structures	43,000.00			
13	1475	Nondwelling Equipment	48,000.00			
14	1485	Demolition	0.00			
15	1490	Replacement Reserve	0.00			
16	1492	Moving to Work Demonstration	0.00			
17	1495.1	Relocation Costs	13,000.00			
18	1499	Development Activities	0.00			
19	1501	Collaterization or Debt Service	0.00			
20	1502	Contingency (May not exceed 8% of line 21)	17,304.00			
21	**Amount of Annual Grant (Sum of lines 2-20)**		2,127,021.00			
22	Amount of line 21 Related to LBP Activities		0.00			
23	Amount of line 21 Related to Section 504 Compliance		0.00			
24	Amount of line 21 Related to Security - Soft Cost		0.00			
25	Amount of line 21 Related to Security - Hard Cost		5,000.00			
26	Amount of line 21 Related to Energy Conservation Measures		0.00			

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550104 Replacement Housing Factor Grant No:	2004

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1								
FAIRVIEW	Sitework	1450	L.S.	5,000.00				
	Sitework/Utility Renovations							
	gas/water/sewer	1450	L.S.	30,000.00				
	Admin Office Renovation	1470	L.S.	10,000.00				
	Center/Alarm System	1470	L.S.	5,000.00				
NC 15-2								
LINCOLN	Sitework	1450	L.S.	10,000.00				
NC 15-3								
FAIRVIEW	Sitework	1450	L.S.	10,000.00				
NC 15-4								
LINCOLN	Sitework	1450	L.S.	10,000.00				
NC 15-5								
WOODCREST	Sitework	1450	L.S.	5,000.00				
	Roof Replacement	1460	75 du	199,000.00				
NC 15-6	Comprehensive Renovations	1460	21 du	550,000.00				
ELMWOOD	Relocation Cost	1495	L.S.	13,000.00				
	Ranges	1465	21 du	5,500.00				
	Refrigerators	1465	21 du	7,200.00				
	Sitework	1450	L.S.	20,000.00				
NC 15-7								
WEST HAVEN	Sitework	1450	L.S.	5,000.00				
FAIRVIEW EAST	Entrance Door/Hardware	1460	300 du	120,000.00				
	Kitchen Renovations	1460	50 du	129,800.00				
	Heating System Changeouts	1460	65 du.	160,000.00				
	Ranges	1465	50 du.	13,150.00				
	Laundromat	1470	L.S.	25,000.00				

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550104 Replacement Housing Factor Grant No:	2004

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-8	Heating System Changeouts	1460	50 du.	125,000.00				
LITTLE	Sitework	1450	L.S.	5,000.00				
WASHINGTON	Floor Tile Replacement	1460	50 du.	0.00				
PHA WIDE	Auto Equipment	1475		35,000.00				
NONDWELL	Computer Upgrade	1475		10,000.00				
EQUIPMENT	Office & Maintenance Equipment	1475		3,000.00				
	MOD Shop Electrical Upgrade	1470		3,000.00				
PHA WIDE	Operations	1406		100,000.00				
	Resident Management Training/ Assist Resident Groups	1408		0.00				
	Employee Training	1408		5,000.00				
	Consult Computer Conversion	1408		20,000.00				
	Computer Software	1408		10,000.00				
	Salary - Police	1408		0.00				
	Manager Informations System	1408		38,220.00				
	Fringe Benefits	1408		5,000.00				
	Management Improvement	1408		30,000.00				

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550104 Replacement Housing Factor Grant No:	2004

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Administrative Salaries	1410		153,174.00				
	Benefits	1410		19,912.00				
	Sundry	1410		3,500.00				
	Audit	1411		6,600.00				
	Fees/Costs	1430		50,000.00				
	Fees/Costs/ Engineering Study	1430		42,175.00				
	Contingency	1502		17,304.00				
	Fringe Benefits	1460		112,486.00				
	Fringe Benefits	1450		0.00				
PHA WIDE								
DWELL EQUIP	Ranges	1465		0.00				
	Refrigerators	1465		0.00				
				2,127,021.00				

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550104 Replacement Housing Factor Grant No:	2004

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	June 2006			June 2008			
NC 15-2 LINCOLN	June 2006			June 2008			
NC 15-3 FAIRVIEW	June 2006			June 2008			
NC 15-4 LINCOLN	June 2006			June 2008			
NC 15-5 WOODCREST	June 2006			June 2008			
NC 15-6 ELMWOOD	June 2006			June 2008			
NC 15-7 WEST HAVEN	June 2006			June 2008			
NC 15-8 LITTLE WASHINGTON	June 2006			June 2008			

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550101 Replacement Housing Factor Grant No:	2001

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number ____ ☒ Performance and Evaluation Report for Program Year Ending 12/31/2003

☐ Final Performance and Evaluation Report

Line No.		Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1		Total Non-CFP Funds					
2	1406	Operations (May not exceed 10% of line 21)		100,000.00	100,000.00	100,000.00	100,000.00
3	1408	Management Improvements		37,083.26	37,083.26	37,083.26	37,083.26
4	1410	Administration		164,482.52	164,482.52	164,482.52	164,482.52
5	1411	Audit		5,897.25	5,897.25	5,897.25	5,897.25
6	1415	Liquidated Damages		0.00	0.00	0.00	0.00
7	1430	Fees and Costs		41,508.19	41,508.19	41,508.19	36,750.19
8	1440	Site Acquisition		0.00	0.00	0.00	0.00
9	1450	Site Improvement		60,924.56	60,924.56	60,924.56	47,544.56
10	1460	Dwelling Structures		1,472,324.10	1,472,324.10	1,471,453.73	1,367,839.67
11	1465.1	Dwelling Equipment - Nonexpendable		36,629.79	36,629.79	36,629.79	36,629.79
12	1470	Nondwelling Structures		264,325.99	264,325.99	265,196.36	167,317.94
13	1475	Nondwelling Equipment		33,420.15	33,420.15	33,420.15	33,420.15
14	1485	Demolition		0.00	0.00	0.00	0.00
15	1490	Replacement Reserve		0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration		0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs		8,700.56	8,700.56	8,700.56	8,700.56
18	1499	Development Activities		41,733.63	41,733.63	41,733.63	41,733.63
19	1501	Collaterization or Debt Service		0.00	0.00	0.00	0.00
20	1502	Contingency (May not exceed 8% of line 21)		0.00	0.00	0.00	0.00
21		**Amount of Annual Grant (Sum of lines 2-20)**		2,267,030.00	2,267,030.00	2,267,030.00	2,047,399.52
22		Amount of line 21 Related to LBP Activities		0.00	0.00	0.00	0.00
23		Amount of line 21 Related to Section 504 Compliance		0.00	0.00	0.00	0.00
24		Amount of line 21 Related to Security - Soft Costs		0.00	0.00	0.00	0.00
25		Amount of line 21 Related to Security - Hard Costs		244,714.85	244,714.85	244,869.65	244,869.65
26		Amount of line 21 Related to Energy Conservation Measures		0.00	0.00		

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550101 Replacement Housing Factor Grant No:	2001

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1	Sitework	1450	L.S.	$0.00	$0.00	$0.00	$0.00	
FAIRVIEW	Sitework - Electrical Upgrade	1450	L.S.	$3,345.00	$3,345.00	$3,345.00	$0.00	In Progress
	Smoke/CO Detectors	1460	138 du.	$0.00	$0.00	$0.00	$0.00	Shifted to NC19P01550102
NC 15-2								
LINCOLN	Sitework	1450	L.S.	$0.00	$0.00	$0.00	$0.00	
	Sitework - Electrical Upgrade	1450	L.S.	$3,345.00	$3,345.00	$3,345.00	$0.00	In Progress
	Smoke/CO Detectors	1460	137 du.	$0.00	$0.00	$0.00	$0.00	Shifted to NC19P01550102
NC 15-3	Sitework	1450	L.S.	$0.00	$0.00	$0.00	$0.00	
FAIRVIEW	Security Screen Windows	1460	115 du.	$134,500.00	$134,500.00	$134,654.80	$134,654.80	Completed - To Be Revised
	Sitework - Electrical Upgrade	1450	L.S.	$3,345.00	$3,345.00	$3,345.00	$0.00	In Progress
	Smoke/CO Detectors	1460	115 du.	$0.00	$0.00	$0.00	$0.00	Shifted to NC19P01550102
NC 15-4	Sitework	1450	L.S.	$0.00	$0.00	$0.00	$0.00	
LINCOLN	Sitework - Electrical Upgrade	1450	L.S.	$3,345.00	$3,345.00	$3,345.00	$0.00	In Progress
	Smoke/CO Detectors	1460	210 du.	$0.00	$0.00	$0.00	$0.00	Shifted to NC19P01550102
NC 15-6	Comprehensive Renovations	1460	29 du	$778,916.49	$778,916.49	$777,874.37	$750,619.51	In Progress - To Be Revised
ELMWOOD	Relocation Cost	1495	L.S.	$8,700.56	$8,700.56	$8,700.56	$8,700.56	Continued in NC19P01550102
	Ranges	1465	55 du	$14,609.41	$14,609.41	$14,609.41	$14,609.41	Completed
	Refrigerators	1465	48 du	$16,455.78	$16,455.78	$16,455.78	$16,455.78	Completed
	Sitework	1450	L.S.	$47,544.56	$47,544.56	$47,544.56	$47,544.56	Completed
	Development Activities	1499	4 units	$41,733.63	$41,733.63	$41,733.63	$41,733.63	Completed
	Consultants/A&E/Study EW6	1430	L.S.	$7,171.19	$7,171.19	$7,171.19	$7,171.19	Completed
NC 15-7	Security Screens windows	1460	100 du.	$62,150.00	$62,150.00	$62,150.00	$62,150.00	Completed
WEST HAVEN	Interior/Exterior Renovation							
FAIRVIEW	Community Center	1470	L.S.	$47,330.15	$47,330.15	$47,330.15	$29,722.75	In Progress
EAST	Sitework	1450	L.S.	$0.00	$0.00	$0.00	$0.00	
	Smoke/CO Detectors	1460	250 du	$0.00	$0.00	$0.00	$0.00	Shifted to NC19P01550102
	Entrance Doors/Hardware	1460	75 du.	$48,064.85	$48,064.85	$48,064.85	$48,064.85	Continued in NC19P01550102
	Kitchen Renovations	1460		$288,608.00	$288,608.00	$288,608.00	$212,248.80	In Progress

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550101 Replacement Housing Factor Grant No:	2001

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-8	Office/Center Renovation	1470	L.S.	$145,995.84	$145,995.84	$146,866.21	$66,595.19	In Progress - To Be Revised
LITTLE	Sitework	1450	L.S.	$0.00	$0.00	$0.00	$0.00	
WASHINGTON	Smoke/CO Detectors	1460	50 du.	$0.00	$0.00	$0.00	$0.00	Shifted to NC19P01550102
PHA WIDE	Auto Equipment	1475		$0.00	$0.00	$0.00	$0.00	
NONDWELL	Computer Upgrade	1475		$13,420.15	$13,420.15	$13,420.15	$13,420.15	Completed
EQUIPMENT	Office & Maintenance Equipmen	1475		$20,000.00	$20,000.00	$20,000.00	$20,000.00	Completed
PHA WIDE	Ranges	1465	25 du.	$1,682.60	$1,682.60	$1,682.60	$1,682.60	Completed
DWELL EQUIP	Refrigerators	1465	25 du.	$3,882.00	$3,882.00	$3,882.00	$3,882.00	Completed
PHA WIDE	Operations	1406		$100,000.00	$100,000.00	$100,000.00	$100,000.00	Completed
	Resident Management Training/ Assist Resident Groups	1408		$0.00	$0.00	$0.00	$0.00	
	Employee Training	1408		$2,018.74	$2,018.74	$2,018.74	$2,018.74	Completed
	Consult Computer Conversion	1408		$0.00	$0.00	$0.00	$0.00	
	Computer Software	1408		$744.52	$744.52	$744.52	$744.52	Completed
	Salary - Police	1408		$0.00	$0.00	$0.00	$0.00	
	Manager Informations System	1408		$34,320.00	$34,320.00	$34,320.00	$34,320.00	Completed
	Fringe Benefits	1408		$0.00	$0.00	$0.00	$0.00	

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550101 Replacement Housing Factor Grant No:	2001

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Administrative Salaries	1410		$114,516.04	$114,516.04	$114,516.04	$114,516.04	Completed
	Benefits	1410		$47,041.27	$47,041.27	$47,041.27	$47,041.27	Completed
	Sundry	1410		$2,925.21	$2,925.21	$2,925.21	$2,925.21	Completed
	Audit	1411		$5,897.25	$5,897.25	$5,897.25	$5,897.25	Completed
	Fees/Costs	1430		$34,337.00	$34,337.00	$34,337.00	$29,579.00	In Progress
	Fees/Costs/ Engineering Study	1430		$0.00	$0.00	$0.00	$0.00	
	Contingency	1502		$0.00	$0.00	$0.00	$0.00	
	Fringe Benefits	1460		$158,736.92	$158,736.92	$158,753.87	$158,753.87	Completed - To Be Revised
	Fringe Benefits	1450		$0.00	$0.00	$0.00	$0.00	
	Roof Replacement Service Center	1470		$71,000.00	$71,000.00	$71,000.00	$71,000.00	Completed
	Fringe Benefits/Uniforms	1460		$1,347.84	$1,347.84	$1,347.84	$1,347.84	Completed
				$2,267,030.00	$2,267,030.00	$2,267,030.00	$2,047,399.52	

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550101 Replacement Housing Factor Grant No:	2001

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	June 2003		Dec-02	June 2005			
NC 15-2 LINCOLN	June 2003		Dec-02	June 2005			
NC 15-3 FAIRVIEW	June 2003		Dec-02	June 2005			
NC 15-4 LINCOLN	June 2003		Dec-02	June 2005			
NC 15-5 WOODCREST	June 2003		N/A	June 2005			
NC 15-6 ELMWOOD	June 2003		June 2003	June 2005			
NC 15-7 WEST HAVEN	June 2003		June 2003	June 2005			

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:	2002

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number ____ ☒ Performance and Evaluation Report for Program Year Ending 12/31/2003

☐ Final Performance and Evaluation Report

Line No.		Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1		Total Non-CFP Funds					
2	1406	Operations (May not exceed 10% of line 21)		70,000.00	70,000.00	70,000.00	70,000.00
3	1408	Management Improvements		109,857.80	109,857.80	69,241.72	52,212.82
4	1410	Administration		175,269.00	175,269.00	189,726.12	189,661.38
5	1411	Audit		6,680.00	6,680.00	0.00	0.00
6	1415	Liquidated Damages		0.00	0.00	0.00	0.00
7	1430	Fees and Costs		10,000.00	10,000.00	2,335.00	2,335.00
8	1440	Site Acquisition		0.00	0.00	0.00	0.00
9	1450	Site Improvement		100,000.00	100,000.00	54,789.47	54,669.47
10	1460	Dwelling Structures		1,489,447.00	1,489,447.00	1,352,700.09	1,220,523.35
11	1465.1	Dwelling Equipment - Nonexpendable		33,275.00	33,275.00	0.00	0.00
12	1470	Nondwelling Structures		13,875.00	13,875.00	13,336.70	11,764.28
13	1475	Nondwelling Equipment		124,500.00	124,500.00	15,116.84	14,593.17
14	1485	Demolition		0.00	0.00	0.00	0.00
15	1490	Replacement Reserve		0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration		0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs		20,000.00	20,000.00	9,502.08	8,522.08
18	1499	Development Activities		0.00	0.00	0.00	0.00
19	1501	Collaterization or Debt Service		0.00	0.00	0.00	0.00
20	1502	Contingency (May not exceed 8% of line 21)		1,437.20	1,437.20	0.00	0.00
21		**Amount of Annual Grant (Sum of lines 2-20)**		2,154,341.00	2,154,341.00	1,776,748.02	1,624,281.55
22		Amount of line 21 Related to LBP Activities		20,000.00	20,000.00	0.00	0.00
23		Amount of line 21 Related to Section 504 Compliance		0.00	0.00	0.00	0.00
24		Amount of line 21 Related to Security - Soft Cost		0.00	0.00	0.00	0.00
25		Amount of line 21 Related to Security - Hard Cost		350,550.00	350,550.00	352,294.60	352,294.60
26		Amount of line 21 Related to Energy Conservation Measures		0.00	0.00	0.00	0.00

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:	2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1	Sitework	1450	L.S.	5,000.00	5,000.00	2,969.24	2,969.24	In Progress
FAIRVIEW	Sitework-Utility Renovations/Gas Water/Sewer	1450	L.S.	0.00	0.00	0.00	0.00	
	LBP Activities	1460	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Smoke/CO Detectors	1460	L.S.	4,700.00	4,700.00	0.00	0.00	Pending
NC 15-2								
LINCOLN	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	LBP Activities	1460	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Smoke/CO Detectors	1460	L.S.	4,700.00	4,700.00	0.00	0.00	Pending
	HVAC System Install @ Office	1470	L.S.	3,875.00	3,875.00	3,910.00	3,910.00	Complete - To Be Revised
NC 15-3								
FAIRVIEW	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Sitework-Utility Renovations/Gas Water/Sewer	1450	L.S.	0.00	0.00	0.00	0.00	
	LBP Activities	1460	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Smoke/CO Detectors	1460	L.S.	4,000.00	4,000.00	0.00	0.00	Pending
NC 15-4								
LINCOLN	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	LBP Activities	1460	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Smoke/CO Detectors	1460	L.S.	7,250.00	7,250.00	0.00	0.00	Pending
NC 15-5								
WOODCREST	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Security Screen Windows	1460	75 du.	68,866.00	68,866.00	68,866.00	68,866.00	Completed

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:	2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-6	Comprehensive Renovations	1460	38 du.	834,000.00	834,000.00	840,531.77	708,355.03	In Progress - To Be Revised
ELMWOOD	Relocation Cost	1495	L.S.	20,000.00	20,000.00	9,502.08	8,522.08	In Progress - To Be Revised
	Ranges	1465	30 du	7,890.00	7,890.00	0.00	0.00	Pending
	Refrigerators	1465	30 du	10,260.00	10,260.00	0.00	0.00	Pending
	Sitework	1450	L.S.	45,000.00	45,000.00	51,156.26	51,036.26	In Progress - To Be Revised
	Sitework - Parking Lot	1450	L.S.	0.00	0.00			
	Smoke/CO Detectors	1460	146 du.	7,000.00	7,000.00	0.00	0.00	Pending
NC 15-7	Security Screens windows	1460	224 du.	198,970.00	198,970.00	199,589.20	199,589.20	Complete - To Be Revised
WEST HAVEN	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
FAIRVIEW EAST	Kitchen Renovations	1460	86	133,911.00	133,911.00	0.00	0.00	Pending
	Entrance Doors/Hardware	1460	L.S.	0.00	0.00	1,125.40	1,125.40	In Progress
	Smoke/CO Detectors	1460	L.S.	8,600.00	8,600.00	0.00	0.00	Pending
	Interior/Exterior Renov Comm Ctr	1470	L.S.	2,500.00	2,500.00	4,893.03	4,893.03	In Progress - To Be Revised
NC 15-8	Security Screen Windows	1460	50	82,714.00	82,714.00	82,714.00	82,714.00	Completed
LITTLE	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
WASHINGTON	Smoke/CO Detectors	1460	L.S.	900.00	900.00	0.00	0.00	Pending
	Office/Center Renovation	1470	L.S.	7,500.00	7,500.00	4,133.67	2,561.25	In Progress
PHA WIDE	Auto Equipment	1475		60,000.00	60,000.00	0.00	0.00	
NONDWELL	Computer Upgrade	1475		12,500.00	12,500.00	12,596.43	12,596.43	In Progress - To Be Revised
EQUIPMENT	Office & Maintenance Equipment	1475		52,000.00	52,000.00	2,520.41	1,996.74	In Progress

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:	2002

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Operations	1406		70,000.00	70,000.00	70,000.00	70,000.00	Completed
	Resident Management Training/ Assist Resident Groups	1408		165.00	165.00	0.00	0.00	Pending
	Employee Training	1408		5,000.00	5,000.00	3,957.16	3,947.16	In Progress
	Consult Computer Conversion	1408		15,000.00	15,000.00	100.00	100.00	In Progress
	Consult HA Policy/Changes	1408		6,500.00	6,500.00	0.00	0.00	Pending
	Computer Software	1408		12,500.00	12,500.00	6,100.76	3,954.26	In Progress
	Salary - Police	1408		0.00	0.00			
	Manager Informations System	1408		35,692.80	35,692.80	35,692.80	20,820.40	In Progress - To Be Revised
	Fringe Benefits	1408		5,000.00	5,000.00	4,400.76	4,400.76	In Progress
	Crime Prevention	1408		30,000.00	30,000.00	18,990.24	18,990.24	In Progress
PHA WIDE	Administrative Salaries	1410		140,269.00	140,269.00	130,077.77	130,077.77	In Progress
	Benefits	1410		30,000.00	30,000.00	53,430.58	53,430.58	In Progress
	Sundry	1410		5,000.00	5,000.00	6,217.77	6,153.03	In Progress - To Be Revised
	Audit	1411		6,680.00	6,680.00	0.00	0.00	Pending
	Fees/Costs	1430		10,000.00	10,000.00	2,335.00	2,335.00	In Progress
	Fees/Costs/ Engineering Study	1430		0.00	0.00			
	Contingency	1502		1,437.20	1,437.20	0.00	0.00	
	Fringe Benefits	1460		112,486.00	112,486.00	159,405.72	159,405.72	In Progress
	Fringe Benefits	1450		20,000.00	20,000.00	663.97	663.97	In Progress
	Fringe Benefits/Uniforms	1460		1,350.00	1,350.00	468.00	468.00	In Progress
NON DWELL STRUCTURES	Equip Sheds/Improve Service Center	1470	L.S.	0.00	0.00	400.00	400.00	Complete
DWELL EQUIP	Ranges	1465	25	6,575.00	6,575.00	0.00	0.00	Pending
	Refrigerators	1465	25	8,550.00	8,550.00	0.00	0.00	Pending
				2,154,341.00	2,154,341.00	1,776,748.02	1,624,281.55	

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:	2002

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	6/24/04			6/24/06			
NC 15-2 LINCOLN	6/24/04			6/24/06			
NC 15-3 FAIRVIEW	6/24/04			6/24/06			
NC 15-4 LINCOLN	6/24/04			6/24/06			
NC 15-5 WOODCREST	6/24/04			6/24/06			
NC 15-6 ELMWOOD	6/24/04			6/24/06			
NC 15-7 WEST HAVEN	6/24/04			6/24/06			
NC 15-8 LITTLE WASHINGTON	6/24/04			6/24/06			

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550103 Replacement Housing Factor Grant No:	2003

[X] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number ____ [X] Performance and Evaluation Report for Program Year Ending 12/31/2003

[ ] Final Performance and Evaluation Report

Line No.		Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1		Total Non-CFP Funds					
2	1406	Operations (May not exceed 10% of line 21)		100,000.00	100,000.00	100,000.00	100,000.00
3	1408	Management Improvements		112,400.00	112,400.00	3,400.00	3,400.00
4	1410	Administration		167,344.00	167,344.00	0.00	0.00
5	1411	Audit		6,680.00	6,680.00	0.00	0.00
6	1415	Liquidated Damages		0.00	0.00	0.00	0.00
7	1430	Fees and Costs		52,334.00	52,334.00	0.00	0.00
8	1440	Site Acquisition		0.00	0.00	0.00	0.00
9	1450	Site Improvement		45,000.00	45,000.00	0.00	0.00
10	1460	Dwelling Structures		1,118,456.00	1,118,456.00	48,950.00	16,857.00
11	1465.1	Dwelling Equipment - Nonexpendable		18,150.00	18,150.00	0.00	0.00
12	1470	Nondwelling Structures		0.00	0.00	0.00	0.00
13	1475	Nondwelling Equipment		66,227.00	66,227.00	0.00	0.00
14	1485	Demolition		0.00	0.00	0.00	0.00
15	1490	Replacement Reserve		0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration		0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs		20,000.00	20,000.00	0.00	0.00
18	1499	Development Activities		0.00	0.00	0.00	0.00
19	1501	Collaterization or Debt Service		0.00	0.00	0.00	0.00
20	1502	Contingency (May not exceed 8% of line 21)		65,977.00	65,977.00	0.00	0.00
21		**Amount of Annual Grant (Sum of lines 2-20)**		1,772,568.00	1,772,568.00	152,350.00	120,257.00
22		Amount of line 21 Related to LBP Activities		0.00	0.00	0.00	0.00
23		Amount of line 21 Related to Section 504 Compliance		0.00	0.00	0.00	0.00
24		Amount of line 21 Related to Security - Soft Cost		0.00	0.00	0.00	0.00
25		Amount of line 21 Related to Security - Hard Cost		119,000.00	119,000.00	0.00	0.00
26		Amount of line 21 Related to Energy Conservation Measures		24,116.00	24,116.00	0.00	0.00

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550103 Replacement Housing Factor Grant No:	2003

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
NC 15-2 LINCOLN	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
NC 15-3 FAIRVIEW	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
NC 15-4 LINCOLN	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
NC 15-5 WOODCREST	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Upgrade Insulation	1460	75 du	24,116.00	24,116.00	0.00	0.00	Pending
NC 15-6 ELMWOOD	Comprehensive Renovations	1460	30. du	785,000.00	785,000.00	48,950.00	16,857.00	In Progress
	Relocation Cost	1495	L.S.	20,000.00	20,000.00	0.00	0.00	Pending
	Ranges	1465	30 du	7,890.00	7,890.00	0.00	0.00	Pending
	Refrigerators	1465	30 du	10,260.00	10,260.00	0.00	0.00	Pending
	Sitework	1450	L.S.	10,000.00	10,000.00	0.00	0.00	Pending
NC 15-7 WEST HAVEN FAIRVIEW EAST	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Entrance Door/Hardware	1460	150 du	119,000.00	119,000.00	0.00	0.00	Pending
	Kitchen Renovations	1460	50 du	77,854.00	77,854.00	0.00	0.00	Pending
	Heating System Changeouts	1460	150 du.	0.00	0.00	0.00	0.00	
NC 15-8 LITTLE WASHINGTON	Heating System Changeouts	1460	50 du.	0.00	0.00	0.00	0.00	
	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550103 Replacement Housing Factor Grant No:	2003

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Auto Equipment	1475		53,227.00	53,227.00	0.00	0.00	Pending
NONDWELL	Computer Upgrade	1475		10,000.00	10,000.00	0.00	0.00	Pending
EQUIPMENT	Office & Maintenance Equipment	1475		3,000.00	3,000.00	0.00	0.00	Pending
PHA WIDE	Operations	1406		100,000.00	100,000.00	100,000.00	100,000.00	Complete
	Resident Management Training/ Assist Resident Groups	1408		0.00	0.00		0.00	
	Employee Training	1408		5,000.00	5,000.00	3,400.00	3,400.00	In Progress
	Consult Computer Conversion	1408		26,000.00	26,000.00	0.00	0.00	Pending
	Computer Software	1408		10,000.00	10,000.00	0.00	0.00	Pending
	Salary - Police	1408		0.00	0.00	0.00	0.00	
	Manager Informations System	1408		36,400.00	36,400.00	0.00	0.00	Pending
	Fringe Benefits	1408		5,000.00	5,000.00	0.00	0.00	Pending
	Management Improvement	1408		30,000.00	30,000.00	0.00	0.00	Pending
PHA WIDE	Administrative Salaries	1410		145,880.00	145,880.00	0.00	0.00	Pending
	Benefits	1410		18,964.00	18,964.00	0.00	0.00	Pending
	Sundry	1410		2,500.00	2,500.00	0.00	0.00	Pending
	Audit	1411		6,680.00	6,680.00	0.00	0.00	Pending
	Fees/Costs	1430		52,334.00	52,334.00	0.00	0.00	Pending
	Fees/Costs/ Engineering Study	1430		0.00	0.00	0.00	0.00	
	Contingency	1502		65,977.00	65,977.00	0.00	0.00	
	Fringe Benefits	1460		112,486.00	112,486.00	0.00	0.00	Pending
	Fringe Benefits	1450		0.00	0.00	0.00	0.00	
PHA WIDE								
DWELL EQUIP	Ranges	1465		0.00	0.00	0.00	0.00	
	Refrigerators	1465		0.00	0.00	0.00	0.00	
				1,772,568.00	1,772,568.00	152,350.00	120,257.00	

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19PO1550103 Replacement Housing Factor Grant No:	2003

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	Sept 16, 2005			Sept 16, 2007			
NC 15-2 LINCOLN	Sept 16, 2005			Sept 16, 2007			
NC 15-3 FAIRVIEW	Sept 16, 2005			Sept 16, 2007			
NC 15-4 LINCOLN	Sept 16, 2005			Sept 16, 2007			
NC 15-5 WOODCREST	Sept 16, 2005			Sept 16, 2007			
NC 15-6 ELMWOOD	Sept 16, 2005			Sept 16, 2007			
NC 15-7 WEST HAVEN	Sept 16, 2005			Sept 16, 2007			
NC 15-8 LITTLE WASHINGTON	Sept 16, 2005			Sept 16, 2007			

Annual Statement /Performance and Evaluation Report

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550103	2003

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision N ____ ☒ Performance and Evaluation Report for Program Year Ending 12/31/2003

☐ Final Performance and Evaluation Report

Line No.		Summary by Development Account	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended
1		Total Non-CFP Funds				
2	1406	Operations (May not exceed 10% of line 21)	0	0	0	0
3	1408	Management Improvements	0	0	0	0
4	1410	Administration	0	0	0	0
5	1411	Audit	0	0	0	0
6	1415	Liquidated Damages	0	0	0	0
7	1430	Fees and Costs	0	0	0	0
8	1440	Site Acquisition	0	0	0	0
9	1450	Site Improvement	0	0	0	0
10	1460	Dwelling Structures	0	0	0	0
11	1465.1	Dwelling Equipment - Nonexpendable	0	0	0	0
12	1470	Nondwelling Structures	0	0	0	0
13	1475	Nondwelling Equipment	0	0	0	0
14	1485	Demolition	0	0	0	0
15	1490	Replacement Reserve	5,953	5,953	0	0
16	1492	Moving to Work Demonstration	0	0	0	0
17	1495.1	Relocation Costs	0	0	0	0
18	1499	Development Activities	0	0	0	0
19	1501	Collaterization or Debt Service	0	0	0	0
20	1502	Contingency (May not exceed 8% of line 21)	0	0	0	0
21		**Amount of Annual Grant (Sum of lines 2-20)**	5,953	5,953	0	0
22		Amount of line 21 Related to LBP Activities	0	0	0	0
23		Amount of line 21 Related to Section 504 Compliance	0	0	0	0
24		Amount of line 21 Related to Security - Soft Costs	0	0	0	0
25		Amount of line 21 Related to Security - Hard Costs	0	0	0	0
26		Amount of line 21 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director and Date

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550103	2003

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood	Replacement Housing	1490	L.S.	5,953	5,953	0	0	Pending
				5,953	5,953	0	0	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)
ref Handbook 7485.3

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

PHA Name	Grant Type and Number	Federal FY of Grant:
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550103	2003

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-6 ELMWOOD	Sept 16, 2005			Sept 16, 2007			

Statement of Progress in Meeting 5-Year Plan Mission and Goals

Goal l. Ensure a well maintained housing stock

Objective 1: The GHA management staff has done a good job over the evaluation period as evident by the High performer designation on PHAS for FYE June 30, 2003.

Objective 2: The maintenance staff is continuously identifying problem areas and budgeting to make corrections.

Objective 3: Staff is currently re-inspecting a 1% sampling of maintenance work orders to ensure work quality.

Goal 2. Maintain and enhance resident safety and security

Objective 1: The housing authority has installed additional lighting and fencing at Fairview Homes, Lincoln Homes, Elmwood and Woodcrest developments.

Objective 2: Security Screens have been installed in all developments with exception of the remaining units at Elmwood awaiting renovation at which time they will be replaced.

Objective 3: GHA staff continued its aggressive policy of lease terminations for those who were involved in illegal drug or other criminal activities.

Goal 3. Expand Homeownership opportunities and self-sufficiency programs for residents of public and assisted housing

Objective 1: GDC continued to work with the City of Goldsboro to identify opportunities to develop affordable housing opportunities for low-income persons. GHA has developed a Homeownership Incentive Program to be linked with occupancy of 4 apartment units built on Charles Street.

Objective 2: The GDC purchased a dwelling for its homeownership/rental program during the performance period.

Objective 3: Staff continued to work with local agencies to encourage self sufficiency of GHA residents.

Goal 4. Increase assisted housing choices to meet future demand

Objective 1: The Section 8 Program has achieved a high lease up rate during the performance period. In addition, the Section 8 Program has been designated a High Performer for SEMAP for FYE 6/30/2003.

Objective 2: Section 8 program experienced an increase of 18 new landlord participants during 2003. This recruitment effort has resulted in a better lease up rate.

Objective 3: The GDC continues to seek opportunities to provide varied housing opportunities in Wayne County.

Goal 5. Promote fair housing and equal opportunity for all citizens through education and outreach

Objective 1: Staff has attended several Section 8 training sessions during the performance period.

Objective 2: GHA participated in The City of Goldsboro Community Affairs Office Fair Housing Workshop in 2003.

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)]**
Little Washington	50	This is one of the newest developments and consists of freestanding units which we believe attracts the higher income population.	
Lincoln	115	This development has a lot of fixed income elderly and zero income households	

Component 10 (B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments? Six(6)

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

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

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

Development Name	Number of Units

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

GOLDSBORO HOUSING AUTHORITY (GHA) COMMUNITY SERVICE ACTIVITIES OR SELF-SUFFICIENCY POLICY

A. DEFINITION:

Community Service: The performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

Economic Self-Sufficiency Program: Any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, employment training, work placement, basic skills training, education, English proficiency, work fare, financial, or household management, apprenticeship, and any program necessary to ready a participant for work (such as substance abuse or mental health treatment).

B. Exempt Individual. An adult who:

(1) Is 62 years or older;
(2) Is a blind or disabled individual, and who certifies that because of this disability she or he is unable to comply with the service provisions of this policy. or is a primary caretaker of such individual;
(3) Is engaged in work activities;
(4) Meets the requirement for being exempted from having to engage in a work activity under the State Program funded under part A of title IV of the Social Security Act (42 U.S. C. 601) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare -to-work program; or;
(5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S. C. 601) or under any other welfare program of North Carolina, including a State administered welfare-to work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

C. GENERAL REQUIREMENT:

1. **Service Requirement:** Except for any family member who is an exempt individual, each adult resident of public housing must:

   (a) Contribute 8 hours per month of community service (not including political activities).

(b) Participate in an economic self-sufficiency program for 8 hours per month; or
(c) Perform 8 hours per month of combined activities as described in I (a) and I (b) of this section.

2. Family violation of service requirement:
Absent any other violation of the Lease Agreement, Lease shall be renewed automatically for
all purposes, unless the family fails to comply with the service requirement. Violation of the
service requirement is grounds for nonrenewal of the lease at the end of the twelve-month
lease term, but not for termination of tenancy during the course of the twelve-month lease
term.

D. DETERMINATION OF FAMILY MEMBER OR EXEMPTION FROM THE SERVICE REQUIREMENT.

A. The Resident Services Coordinator along with the Housing Manager will determine who is eligible for Community Service.

(1) The Resident Services Coordinator will notify the residents by mail that they are eligible for Community Service. The resident will be given a written description of the service
requirement and an opportunity to claim an exempt status.

a. If the resident is claiming exempt status, the Housing Manager, and Resident Services Coordinator will review the form.
b. If the resident is approved as exempt status, the Housing Manager will notify the resident.

(2) Housing Managers will give new residents that are eligible for Community Service a letter, which will contain a written description of the service requirement and an opportunity to claim an exempt status. Housing Manager will have the resident sign a receipt for copy of the policy and forms.

B. Each non-exempt resident will be given a list of agencies with phone numbers on where they can do community service hours but not limited to those agencies. All volunteer work must be certified with documentation from designated supervisors. Non-exempt residents will also be given Certification Forms and a copy of the Community Service Activities or Self-Sufficiency Policy:

(1) The Housing Manager will have the non-exempt resident sign for (B) above. This receipt will be **filed** in the resident's **files.**

(2) Non-exempt resident will turn completed certification forms to their housing manager, to be given to the Resident Services Coordinator. Once the hours has been updated, the certification form will be returned to housing manager for filing.

E. RESIDENT NONCOMPLIANCE

1) The GHA will review family compliance 60 days before the end of the twelve-month lease term.

a. If the Housing Authority determines that there is a family member, who is required to fulfill a service requirement, but has violated this family obligation, the tenant will be notified by letter. The letter will include the following:

(1) Describe the noncompliance.

(2) State the Housing Authority will not renew the lease at the end of the twelve-month lease term unless:

a. The resident and any other noncompliant resident, enter into a written agreement with GHA, to cure such noncompliance, and in fact cure such noncompliance in accordance with such agreement; or
b. The family provides written assurance satisfactory to GHA that the resident or other noncompliance resident no longer resides in the unit.

(3) State that the tenant may request a grievance hearing on the GHA determination, and that the tenant may exercise any available judicial remedy to seek timely redress for the housing authority's nonrenewal of the lease because of such determination.

E. PROHIBITION AGAINST REPLACEMENT OF GHA EMPLOYEES: The GHA

will not substitute Community Service for work ordinarily performed by Housing Employees

or replace a job at any location where community work requirements are performed.

F. CIVIL RIGHTS REQUIREMENT: GHA will assure that civil rights requirement will be followed.

GOLDSBORO HOUSING AUTHORITY COMMUNITY SERVICE-ACTIVITIES/SELF-SUFFICIENCY RECEIPT FORM

on _____, I was given a copy of the Community Service
DATE

Activities or Self-Sufficiency Policy**,** Forms, and a list of community service agencies.

_____ _____

PRINTED NAME **GHA EMPLOYEE**

_____

DATE

11/00

Goldsboro Housing Authority

Certification of Community Service and/or Self-Sufficiency Hours Performed

Name of Organization:		**Name:**		
Address:			**Address:**	
Telephone Number:			**Telephone Number:**	
Date	**# of Volunteers and/or Course Hours**	**Description of Work performed and/or Course taken**	**Supervisor Printed Name Last, First**	**Supervisor Signature**
	Total Hours			
Completed Certification forms should be submitted monthly to your Housing Manager.				

11/00

November 21, 2000

Ms. Glenda White
112 Southern Plaza Drive
Dudley, North Carolina

Dear Ms. White:

This letter is to inform you that according to the Community Service/Economic Self-Sufficiency Program mandated, you are required to perform eight (8) hours of volunteer community service per month. Service requirement is noted in paragraph A. Exempt individual is noted in paragraph B. Definitions are listed in paragraph C.

A**. Service Requirement:** Except for any family member who is an exempt individual, each adult resident of public housing must:

(1) Contribute 8 hours per month of community service (not including political activities).
(2) Participate in an economic self-sufficiency program 8 hours per month; or
(3) Perform 8 hours per month of combined activities as described in 1 (a) and 1 (b) of this section

B. Exempt Individual. An adult who:

(1) Is 62 years or older,
(2) Is a blind or disabled individual, and who certifies that because of this disability she or he unable to comply with the service provisions of this policy, or is a primary caretaker of such individual;
(3) Is engaged in work activities;
(4) Meets the requirement for being exempted from having to engage in work activity under the State Program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of the State in which the PHA is located, including, including a State-administered welfare-to-work program; or;
(5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of North Carolina, including a State administered welfare-to-work programs, and has not been found by the State or other administering entity to be in noncompliance with such s program.

C. **Definitions:**

(1) Community Service; The performance of voluntary work or duties that are public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

(2) Economic Self-Sufficiency Program: Any program designed to encourage, assist, train, or facilitate the economic independence of participates and their families or to provide work for participates. These programs may include program for job training, employment training, work placement, basic skills training, education, English proficiency, work fare, financial, or household management, apprenticeship, and any program necessary to ready a participate for work (such as substance abuse or mental health treatment).

Please see your Housing Manager no later than_____, to receive a copy of the Community Service and Economic Self-Sufficiency Policy and forms that you will need. If you have, any questions contact your housing manager.

Sincerely,

Gene D. Thomas
Executive Director

cc: Housing Manager

Organizations for Volunteer Community Service

4-H Cooperative Extension **208 W. Chestnut Street**
(919) 731-1527
Contact Person: Connie Greeson
After School Program

Goldsboro Housing Authority **1729 Edgerton Street**
(919) 735-5650, ext. 213
Contact Person: Glenda White
Office Work

Goldsboro Housing Authority **1729 Edgerton Street**
(919) 735-5650, ext. 217
Contact Person: Inetta Smith
Variety

Goldsboro Housing Authority **700 N. Jefferson Street**
(919) 735-4226, ext. 107
Contact Person: Steve Jordan
Maintenance & Ground Crew

Boys & Girls Club, Lincoln **1009 Slaughter Street**
(919) 581-0433
Contact Person: Pam Easley
Variety

Carver Height Edison School **411 Bunche Drive**
(919) 731-7222, ext. 1060
Contact Person: Claudia Brown
Variety

Wayne Uplift Resource Center **2300 Courtyard Circle**
(919) 735-4262
Contact Person: Linda H. Cox
Variety

Wayne Uplift Resource Center **Fairview, 1905**
Edgerton St.
(919) 731-3955
Contact Person: Calvin Robinson
Variety

Communities in School **308 N. William**
Street
(919) 735-1432
Contact Person: Sudie Davis
Variety

GOLDSBORO HOUSING AUTHORITY
CLAIMNG FOR EXEMPT STATUS FORM

DATE _____NAME _____

HEAD OF HOUSEHOLD_____

_____
ADDRESS

Please check the appropriate block:

_____62 years or older

_____ Disabled individual

_____Engaged in work

_____Engaged in work activity under the State Program funded under part A of Title IV of the Social Security Act
_____Is a member of a family receiving assistance, benefits or services under state program Wider Part A of Title IV of the Social Security Act, or under any other welfare program of NC, including a State administered welfare-to- work program.

Documentation must be provided to the housing manager for all items checked off:

_____ _____
Signature Date

TO: HOUSING MANGER DATE RECEIVED _____

What type of documentation was submitted?
_____

_____Approved

_____Disapproved(reason)_____

_____

DATE REVIEWED BY RESIDENT SERVICES COORDINATOR_____

DATE RESIDENT NOTIFIED OF STATUS_____

11/00

GOLDSBORO HOUSING AUTHORITY

PET POLICY

INTRODUCTION:

The following is the Pet Policy adopted by the Goldsboro Housing Authority (GHA) in consultation with the Resident Councils. Except as otherwise specifically authorized under this pet policy, the Goldsboro Housing Authority will not prohibit any Resident of its housing developments from owning a common household pet or having such pet living in the Resident's unit or restrict or discriminate against any person in connection with admission to, or continued occupancy of, such housing by reason of the person's ownership of a common household pet or the presence of such pet in that person's unit.

1. DEFINITIONS

(a) Common Household Pet means a domesticated animal, such as a dog or cat, and pets traditionally kept in cages in the home for pleasure rather than for commercial purposes, such as a bird, rodent (including a rabbit), fish or turtle. Common household pet does not include Pitbulls, Rothweillers, Dobermans, Bulldogs, Chows, German Shepherds, reptiles (except turtles), and some tropical pets. If this definition conflicts with any applicable State or local law or regulations defining the pets that may be owned or kept in dwelling accommodations, the State or local law or regulation shall apply. **THIS DEFINITION SHALL NOT INCLUDE ANIMALS THAT ARE USED TO ASSIST THE DISABLED.**

(b) DISABLED FAMILY means a family who is disabled as defined in this GHA's Admissions and Continued Occupancy Policies.

(c) **GHA** means Public Housing Authority

(d) **GHA or Authority** means the **GOLDSBORO HOUSING AUTHORITY**.

2. RULES GOVERNING THE KEEPING OF PETS

A. Registration:

Pet owners are required to register their pets with the GHA before the pet is brought on to the development. This permit is to be renewed annually and, may be renewed during the annual re-examination of the Resident's income and family composition. This registration will include:

(1) A certificate signed by a licensed veterinarian or a State or local authority empowered to inoculate animals (or designated agent of such an authority) stating that the pet has received all inoculations required by applicable State or local law.

(2) Information sufficient to identify the pet and to demonstrate that it is a common household pet, and;

(3) The name, address and phone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.

(4) The pet owner shall sign the Pet Agreement along with this Pet Policy as an addendum to the Lease Agreement. The Pet Policy and Agreement shall contain the provisions that the pet owner agrees to comply with this pet policy and Agreement; and that violation of the Pet Policy and Agreement shall be grounds for removal of the pet or termination of the pet owner's tenancy or both), in accordance with the provisions of the Lease, State and local laws.

(5) The GHA may refuse to register a pet if that pet is not a common household pet; if the keeping of the pet would violate any applicable house pet rule; if the pet owner fails to

provide complete pet registration information; fails to annually update the pet registration; or if the GHA reasonably determines, based on the pet owner's habits and practices that the owner will be unable to keep the pet in compliance with the Pet Policy/Agreement and other Lease obligations.

(6) The GHA may not refuse to register a pet based on a determination that the pet owner is financially unable to care for the pet or that the pet is inappropriate, based on the therapeutic value to the pet owner or the interest of the property or existing tenants. The pet's temperament will be considered in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

(7) The pet owner will be notified if the GHA refuses to register a pet. The notice shall state the basis for the GHA's action and shall be served on the pet owner by:

(a) Sending a letter by first class mail, properly stamped and addressed to the resident at the dwelling unit, with a proper return address; or

(b) Serving a copy of the notice on any adult answering the door at the pet owner's unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door; or

(c) In case of service of notice to residents of a high-rise building, posting the notice in at least three (3) conspicuous places within the building and maintaining the posted notices intact and in legible form for30 days.

(d) This notice of refusal may be combined with a notice of Lease violation. The pet owner shall have the right to a grievance hearing, as stated in the GHA's Lease and Grievance Procedure.

B. Number and size of pets

The number of four-legged warm-blooded animals shall be limited to one (1) pet in each dwelling unit. Birds, fish and turtles shall be limited to the number that can be reasonably kept in one (1) standard cage or aquarium designed for that purpose. The pet may not weigh more than 20 pounds full grown or exceed 20 inches in height.

C. Financial Obligations:

(1) If the pet is a cat or dog, the pet owner will be required to pay a pet deposit of Two Hundred Fifty dollars ($250.00), which is payable immediately upon approval of the pet permit. This deposit is in addition to the security deposit required by other conditions of the Lease. The pet deposit shall be used to pay only reasonable expenses directly attributable to the presence of the pet in the project, including (but not limited to) the cost of repairs and replacement to, and fumigation, of the Resident's unit. The GHA will refund that unused portion of the pet deposit to the Resident within a reasonable time after the Resident moves from the project or no longer keeps a pet in the unit. The pet deposit shall not be used to pay expenses while the pet owner is in possession of a pet.

(2) A pet fee of $5.00 per month will be assessed the pet owner.

(3) Fumigation and pest control measures taken by the GHA directly attributable to the keeping of a pet in the apartment shall be charged to the pet owner, if said pet owner fails to control fleas and other common pests associated with keeping of animals in the apartment. Costs of same will be billed to the Resident in the amount that it costs the GHA to employ a professional firm for this purpose.

D. Inoculations.

The pet owner will have the pet inoculated in accordance with State and Local laws. Proof of these inoculations will be furnished prior to the approval of the pet permit and than again on an annual basis. The pet owner is required to have the pet wear the tag provided by the veterinarian when the pet is inoculated.

E. Sanitary Standards.

(1) The pet owner shall exercise due care to keep the apartment and common areas in a sanitary condition. Pets must be exercised and curbed only in areas not occasioned by pedestrian traffic, and especially not in front of any building.

(2) The person exercising or curbing the pet will carry with them the means to clean up after the pet each time the pet is taken outside. All removable pet wastes shall be removed from the grounds immediately upon deposit by the pet and properly disposed of by the pet owner.

(3) All cages, aquariums, litter boxes, etc. will be cleaned on a regular basis. Pet owners must change the litter at least two times weekly, or as often as necessary to prevent unsanitary conditions and odors. Pet waste must be separated from litter at least once daily.

.

F. Standards for Pet Care

(1) No pet shall be left alone for any unreasonable length of time. If the health of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the GHA may contact the responsible party or parties listed in the pet registration required under this pet policy. If the responsible party or parties are unwilling or unable to care for the pet, or the GHA despite reasonable efforts has been unable to contact the responsible party or parties, the GHA may contact the appropriate State or local authority (or designated agent of such an authority) and request the removal of the pet. If there is no such State or local authority (or designated agent of such an authority) authorized to remove the pet under these circumstances the GHA may enter the pet owner's unit, remove that pet and place that pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner. If the pet owner (or the pet owner's estate) is unable or unwilling to pay, the cost of the animal care facility may be paid from the pet deposit.

(2) Pets shall not be allowed to disturb other tenants in the quiet enjoyment of their homes. Pet owners will take adequate precautions to prevent a pet from disturbing other tenants; i.e. barking, howling, loud meowing, scratching, biting, etc.

(3) Pet owners will be required to take effective flea and other pest control measure with respect to the pet and the surroundings. Failure to do so will result in termination of the pet permit and the GHA taking pet control measures at the owner's expense.

(4) Pet owners will be required to provide proof of spaying or neutering on any cat or dog over 7 months.

(5) Pet owners will obtain any state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.

G. Pet Restraint.

(1) All cats and dogs shall be appropriately and effectively restrained by a leash and under the control of a responsible individual, who is capable of controlling such animal, while on the common areas of the development. No pets will be allowed to run loose upon the GHA grounds. Except while the pet is being exercised; the pet is to be kept within the confines of the apartment. No pet may be tied or chained in or on the premises. The apartment cannot be altered to accommodate, or provide an enclosure for the pet. Fences cannot be erected on the GHA grounds.

(2) The pet owner or responsible household member shall be present during inspections and maintenance activities in the unit to control their pet; and will hold GHA harmless should the pet get loose by granting a waiver of liability.

H. TEMPORARY PETS.

It is not permissible to keep pets on the premises that are not owned by the Resident and are not authorized by a current GHA Pet Permit. The GHA, however, does encourage the use of a visiting pet program sponsored by a humane society or other nonprofit organization.

I. PETS ASSISTING THE DISABLED.

This pet policy does not apply to animals that are used to assist the disabled. This exclusion applies to animals that reside in the projects for the elderly and disabled, as well as to animals that visit these projects. This GHA will not apply or enforce any pet rules developed under this pet

policy against individuals with animals that are used to assist the disabled. **Nothing in this pet policy shall:**

(1) Limit or impair the rights of disabled individuals.

(2) Authorize the GHA to limit or impair the rights of disabled individuals, or

(3) Affect any authority that the GHA may have to regulate animals that assist the disabled, under Federal, State or local law.

(J) CONFLICT.

Nothing in this pet policy prohibits the GHA, or an appropriate community authority, from requiring the removal of any pet from a development, if the pet's conduct is duly determined to constitute, under the provisions of State or local law, a nuisance or a threat to the health or safety of other occupants of the development or of other persons in the community where the development is located; nor prohibit termination of the Lease of a Pet Owner for violation of any part of the Policy/Agreement or Lease Agreement.

(K) STATE OR LOCAL LAWS

If there is an applicable State or local law or regulation governing the keeping of pets, the pet rules prescribed under this pet policy shall not conflict with such law or regulation. If such a conflict may exist, the State or local law or regulation shall apply.

(L) OWNER COMPLIANCE.

Failure of this pet policy to address any State or local law or regulation does not relieve the pet owner from complying with applicable State or local requirements.

(M) FAMILY REQUESTS.

Families may at any time request a copy of this Pet Policy and/or any amendments thereto. Families also may at any time request that their Leases be amended to permit occupancy of common household pets.

Pet Owner: _____ Date: _____

GHA Designee: _____ Date: _____

GOLDSBORO HOUSING AUTHORITY

PET AGREEMENT

ATTACHMENT NO. 1

TO

PET POLICY

The undersigned acknowledges that this Agreement is attached to and made a part of this Pet Policy and the Lease Agreement between these same parties dated **_____,** and that it shall be renewed and shall expire under the same terms and conditions of the Lease Agreement.

1. The Lessor, Goldsboro Housing Authority (GHA) agrees that the Lessee, _____, is hereby given permission to keep and maintain ONE pet in the apartment rented by the Lessor. A limit of ONE pet is permitted. A current photograph of each pet is required.

2. The Lessee agrees to pay a $250.00 refundable pet deposit, in accordance with the requirements of the Pet Policy prior to occupancy. A $5.00 per month pet fee will be assessed the pet owner..

3. The Lessee agrees that their pet has been registered with the GHA and that the pet will be registered annually at reexamination; that an application has been submitted to the GHA, along with a certification completed by a licensed veterinarian or a State or local authority empowered to inoculate animals, prior to the pet being allowed on the premises, showing that the pet has received all inoculations required by applicable State and/or local law; and information sufficient to identify the pet and all other requested information. The Lessee further agrees to provide proof of spaying or neutering on any cat or dog over 7 months.

4. The Lessee agrees that only the pet accurately described and listed below is covered under this Pet Agreement. The Lessor will refuse to register a pet if that pet is not a common household pet, or the pet owner fails to furnish all required information when asked to do so. The Lessee will be notified if the Lessor decides not to register a pet.

5. The Lessee agrees to curb their pet only in the areas not occasioned by pedestrian traffic and specifically not in front of any building. Lessee will carry with them, at all times, the means to clean up after their pet each and every time the pet is outside, and agrees to remove and properly dispose of all removable pet wastes from the grounds immediately upon deposit by the pet. The Lessee may have his/her lease terminated if the pet is allowed to violate any of the requirements herein.

6. The Lessee agrees to clean all cages, aquariums, litter boxes, etc. on a regular basis; change the litter at least twice weekly or as often as necessary to prevent unsanitary conditions and odors; separate waste from litter at least daily, and keep the apartment and common areas in a sanitary condition.

7. The Lessee agrees that no pet will be left alone for any unreasonable length of time. Should the PHA have to take measures to place the pet in an animal care facility, the Lessee agrees to pay the cost of the facility or if the pet owner is unwilling or unable to pay, the cost will be paid from the pet deposit.

8. The Lessee agrees that the Lessor has the right to demand that the Lessee remove the subject pet if for any reason the pet becomes a nuisance as determined solely by management, or disturbs other residents such as loud barking, meowing, howling, scratching, biting, etc,

9. The Lessee agrees that no vicious fighting or attack dogs such as Pitbulls, Rothweillers, Dobermans, Bulldogs, Chows, or German Shepherds will be allowed.

10. The Lessee agrees to the size restriction that their pet may not weigh more than 20 pounds full grown or exceed 20 inches in height.

11. The Lessee agrees to provide an acceptable flea control program; and should the PHA have to fumigate and take pest control measures directly attributable to the keeping of the pet, the costs of same will be billed to the resident.

12. The Lessee agrees to keep their pet(s) on a leash and under their control at all times when outside Lessee's apartment, and that no pet may be tied or chained in or on the premises.

13. The Lessee agrees to abide by all statutes in force by City, County, State, or other government agencies pertaining to pets. If any of the pet requirements herein are in conflict with these statutes, the City, County, State, or other government agency statutes will apply. Failure of this Policy Agreement to address any State or local law or regulation does not relieve the pet owner from complying with applicable State or local requirements.

14. The Lessee agrees that pets not owned by the Lessee are not allowed on the premises.

15. The Lessee agrees that their pet dog or cat will wear a state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.

16. The Lessee or responsible household member agrees to be present to control their pet during inspections and maintenance activities. The Lessee further agrees to grant a waiver of liability and hold GHA harmless should the pet get loose during emergency maintenance or requested work with permission to enter.

17. Nothing in this Agreement prohibits the PHA from removing any pet from a development if the pet's conduct has been determined as constituting a nuisance or a threat to the health or safety of other occupants of the development or community where the development is located; nor prohibits the PHA from terminating the Lease of a Pet Owner for violation of any part of this Policy/Agreement or Lease Agreement.

Please complete the following:

DESCRIPTION:

Name of Pet: _____ Name of Pet: _____ _____

Pet Type: Cat____ Dog____ Other____ Pet Type: Cat____ Dog____

Other:_____

Breed: _____ Weight: _____ Breed: _____ Weight:_____

Height:_____ Height:_____

_____ _____

Resident Date

_____ _____

Witnessed By: (PHA Designee) Date

GOLDSBORO HOUSING AUTHORITY

PET APPLICATION

ATTACHMENT NO 2
TO
PET POLICY

1. How long have you owned this pet?_____

2. Has your pet lived in rental housing before? _____. If so, where? _____
_____
Please list the landlord's name, address, and telephone.
Name: _____
Address: _____
Telephone: _____

3. Has your pet ever bitten or hurt anyone? _____. Please describe below. _____
_____
_____

4. (A) Age of pet: _____ (B) Type of pet: _____ C. Breed_____
(D) Height and weight of pet: _____ (if your pet is not full-grown, please submit letter from veterinarian stating size and weight pet will be at maturity)

5. Name, address and telephone number of veterinarian that can verify inoculations, neutering and licenses (please attach proof of inoculations, neutering, and licenses).
Name: _____
Address: _____
Telephone: _____

6. List any health problems of your pet: _____
_____

7. If your pet is a cat or dog:
(A) For cats: attach proof of declawing.
(B) For cats and dogs: attach proof of spaying or neutering.

8. List names of two persons able to care for your pet in case of emergency, or in case of our inability to care for your pet.

(1) Name _____ (2) Name: _____

Address: _____ Address: _____

Phone:
(home)_____(work)_____Phone:(home)_____(work)_____
Please inform management if the name, address, or phone numbers of these persons change at any time.

Resident: _____ Date: _____

Address: _____

Please complete the following:

DESCRIPTION:

Name of Pet _____

Pet Type: Cat _____ Dog_____ Other_____

Breed: _____ Weight: _____

Height: _____

Name of Pet_____

Pet Type: Cat_____ Dog _____ Other _____

Breed: _____ Weight: _____

Height: _____

_____
Resident

_____
Date

_____
Witnessed By: (PHA Designee) Date

_____

Membership of the Resident Advisory Board

Fairview Apartments

Ms. Beulah Boomer
706-B N. Claiborne Street
Goldsboro, North Carolina 27530
Telephone: 580-0364

Lincoln Apartments

Ms. Linda Walker
916-A Carver Drive
Goldsboro, North Carolina 27530
Telephone: 735-4039

Woodcrest Terrace

Cora Spain
702 Waters Street
Goldsboro, North Carolina 27530
Telephone: 705-5969

Elmwood Terrace

Ms. Janet Baber
319 Hollowell Avenue
Goldsboro, North Carolina 27530

Ms. Margaret Wells
408 Charles Street
Goldsboro, North Carolina 27530

West Haven Apartments

Ms. Ellen Holloman
120 Dupont Circle
Goldsboro, North Carolina 27530
Telephone: 581-9167

Little Washington Development

Ms. Teresa Smith
308 Kennon Court
Goldsboro, North Carolina 27530
Telephone: 736-8192

December 2003

Housing Authority of the City of Goldsboro, NC
Comments Received from Resident Board

The comments received from the Resident Advisory Board were favorable for this year's annual plan. No changes were recommended at this time.

Resident Membership of the PHA Governing Board

The Board of Commissioners of the Housing Authority of the City of Goldsboro adopted a resolution for appointment of resident representation to the Board of Commissioners of the City of Goldsboro Housing Authority on December 16, 1999.

The resident that serves as resident member on the board is Traci Vaughn. The Mayor of the City of Goldsboro makes the appointment in accordance with the North Carolina General Statutes. The term of appointment is five years. The term expires December 16, 2004.

The process for selection of Resident Representation to the Board of Commissioners of the Goldsboro Housing Authority is:

1. Resident should have been a resident of the Goldsboro Housing Authority or on the Section 8 Program for a minimum of two years.
2. Resident shall be in good standing financially with any public or any assisted housing program.
3. Recommendations may be solicited from housing manager of each housing development or Section 8 Coordinator.
4. Resident should have the interest and welfare of the Goldsboro Housing Authority at heart.
5. Should not have a criminal background.
6. Final decision for selection to be recommended to the Board of Commissioners will be made by the Chairman of the Board and the Executive Director.
7. The Mayor of the City of Goldsboro, North Carolina, will make the final appointment in accordance with the North Carolina General Statues.

Definition of Substantial Deviation and Significant Amendment

Substantial deviation or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners and the public comment process

Five-Year Action Plan
Part I: Summary
Capital Fund Program (CFP)

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

OMB Approval No. 2577-0157(Exp. 7/31/98)

HA Name	Locality: (City/County & State)	X Original	Revision No.
Goldsboro Housing Authority	Goldsboro, Wayne County, North Carolina		

A.Development Number/Name	Work Statement for Year 1 FFY: 2004	Work Statement for Year 2 FFY: 2005	Work Statement for Year 3 FFY: 2006	Work Statement for Year 4 FFY: 2007	Work Statement for Year 5 FFY: 2008
NC 15-1, FAIRVIEW APARTMENTS	SEE	5,000	5,000	281,600	110,000
NC 15-2, LINCOLN APARTMENTS		1,191,336	1,128,310	1,228,475	1,228,475
NC 15-3, FAIRVIEW APARTMENTS	ANNUAL	5,000	320,100	5,000	5,000
NC 15-4, LINCOLN APARTMENTS		5,000	5,000	5,000	5,000
NC 15-5, WOODCREST TERRACE	STATEMENT	5,000	5,000	5,000	5,000
NC 15-6, ELMWOOD TERRACE		204,520	5,000	5,000	5,000
NC 15-7, WEST HAVEN APARTMENTS		55,000	35,000	5,000	165,000
NC 15-8, LITTLE WASHINGTON		45,000	5,000	5,000	5,000
PHA - WIDE		121,664	126,530	126,530	126,530
B. Physical Improvements Subtotal		1,637,520	1,634,940	1,666,605	1,655,005
C. Management Improvements		118,226	121,315	96,890	96,890
D.HA-Wide Nondwelling Structures & Equipment		58,000	58,000	58,000	58,000
E. Administration		173,938	173,938	173,938	173,938
F. Other		39,337	38,828	31,588	43,188
G. Operations		100,000	100,000	100,000	100,000
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds		2,127,021	2,127,021	2,127,021	2,127,021
L. Total Non-CGP Funds					
M. Grand Total		2,127,021	2,127,021	2,127,021	2,127,021

Signature of Executive Director	Date:	Signature of Public Housing Director/Office of Native American Programs Administrator	Date:
X			

form HUD 52834(10/96)

ref Handbook 7485.3

Work Statement for Year 1 FFY: 2003	Work Statement for Year 2 FFY: 2005			Work Statement for Year 3 FFY: 2006		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	**NC 15-1 FAIRVIEW**			**NC 15-1 FAIRVIEW**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	NC 15-2 Lincoln			**NC 15-2 Lincoln**		
	Comprehensive Renovations	22 du.	1,100,000	Comprehensive Renovations	22 du	1,100,000
	Ranges	22 du.	5,786	Ranges	22 du	5,786
	Refrigerators	22 du.	7,524	Refrigerators	22 du	7,524
	Relocation	L.S.	7,500	Relocation	L.S.	10,000
	Sitework	L.S.	10,000	Sitework	L.S.	5,000
	Roof Replacement	22 du.	60,526			
	NC 15-3 Fairview			**NC 15-3 Fairview**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
				Roof Replacement	115 du.	315,100
	NC 15-4 Lincoln			**NC 15-4 Lincoln**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	NC 15-5 WOODCREST			**NC 15-5 WOODCREST**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	Subtotal of Estimated Cost		1,211,336	Subtotal of Estimated Cost		1,463,410

form HUD 52834(10/96)
ref Handbok 7485.3

Work Statement for Year 1 FFY: 2003	Work Statement for Year 2 FFY: 2005			Work Statement for Year 3 FFY: 2006		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	**NC 15-6 Elmwood**			**NC 15-6 Elmwood**		
	Sitework	L.S.	10,000	Sitework	L.S.	5,000
	Roof Replacement	71 du.	194,520			
	NC 15-7 West Haven			**NC 15-7 West Haven**		
	HVAC/Water Heater Installation	20 du.	50,000	HVAC Installation	12 du.	30,000
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	NC 15-8 LITTLE WASHINGTON			**NC 15-8 LITTLE WASHINGTON**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	Entrance Door Replacemenet	50 du.	40,000			
	Subtotal of Estimated Cost		304,520	Subtotal of Estimated Cost		45,000

form HUD 52834(10/96)
ref Handbok 7485.3

Work Statement for Year 1 FFY: 2003	Work Statement for Year 2 FFY: 2005			Work Statement for Year 3 FFY: 2006		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
	PHA WIDE DWELLING STRUCTURES			**PHA WIDE DWELLING STRUCTURES**		
ANNUAL	FRINGE BENEFITS		121,664	FRINGE BENEFITS		126,530
	NON-ROUTINE VACANCY RENOVATIONS		0	NON-ROUTINE VACANCY RENOVATIONS		0
STATEMENT						
	PHA WIDE NON-DWELLING EQUIPMENT			**PHA WIDE NON-DWELLING EQUIPMENT**		
	OFFICE AND MAINTENANCE EQUIPMENT		3,000	OFFICE AND MAINTENANCE EQUIPMENT		3,000
	COMPUTER UPGRADES		20,000	COMPUTER UPGRADES		20,000
	AUTOMOTIVE EQUIPMENT		35,000	AUTOMOTIVE EQUIPMENT		35,000
	Subtotal of Estimated Cost		179,664	Subtotal of Estimated Cost		184,530

form HUD 52834(10/96)
ref Handbok 7485.3

Work Statement for Year 1 FFY: 2003	Work Statement for Year 4 FFY: 2007			Work Statement for Year 5 FFY: 2008		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	**NC 15-1 FAIRVIEW**			**NC 15-1 FAIRVIEW**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	Roof Replacement	100 du	276,600	Roof Replacement	38 du.	105,000
	NC 15-2 Lincoln			**NC 15-2 Lincoln**		
	Comprehensive Renovations	25 du	1,200,000	Comprehensive Renovations	25 du	1,200,000
	Ranges	25 du	6,575	Ranges	25 du	6,575
	Refrigerators	25 du	8,500	Refrigerators	25 du	8,500
	Relocation	L.S.	8,400	Relocation	L.S.	8,400
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	NC 15-3 Fairview			**NC 15-3 Fairview**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	NC 15-4 Lincoln			**NC 15-4 Lincoln**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	NC 15-5 WOODCREST			**NC 15-5 WOODCREST**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	Subtotal of Estimated Cost		1,525,075	Subtotal of Estimated Cost		1,353,475

form HUD 52834(10/96)
ref Handbok 7485.3

Capital Fund Program (CFP)

Work Statement for Year 1 FFY: 2003	Work Statement for Year 4 FFY: 2007			Work Statement for Year 5 FFY: 2008		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	**NC 15-6 Elmwood**			**NC 15-6 Elmwood**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	NC 15-7 West Haven			**NC 15-7 West Haven**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
				HVAC Replacement	65 du.	160,000
	NC 15-8 LITTLE WASHINGTON			**NC 15-8 LITTLE WASHINGTON**		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	Roof Replacement		0			
	Subtotal of Estimated Cost		15,000	Subtotal of Estimated Cost		175,000

form HUD 52834(10/96)

ref Handbok 7485.3

Work Statement for Year 1 FFY: 2003	Work Statement for Year 4 FFY: 2007			Work Statement for Year 5 FFY: 2008		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
	PHA WIDE DWELLING STRUCTURES			**PHA WIDE DWELLING STRUCTURES**		
ANNUAL	FRINGE BENEFITS		126,530	FRINGE BENEFITS		126,530
	NON-ROUTINE VACANCY RENOVATIONS		0	NON-ROUTINE VACANCY RENOVATIONS		0
STATEMENT						
	PHA WIDE NON-DWELLING EQUIPMENT			**PHA WIDE NON-DWELLING EQUIPMENT**		
	OFFICE AND MAINTENANCE EQUIPMENT		3,000	OFFICE AND MAINTENANCE EQUIPMENT		3,000
	COMPUTER UPGRADES		20,000	COMPUTER UPGRADES		20,000
	AUTOMOTIVE EQUIPMENT		35,000	AUTOMOTIVE EQUIPMENT		35,000
	Subtotal of Estimated Cost		184,530	Subtotal of Estimated Cost		184,530

form HUD 52834(10/96)

ref Handbok 7485.3

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Capital Fund Program (CFP)

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement for Year 1 FFY: 2004	Work Statement for Year 2 FFY: 2005			Work Statement for Year 3 FFY: 2006		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0
	EMPLOYEE TRAINING		5,000	EMPLOYEE TRAINING		5,000
	POLICE SALARIES		0	POLICE SALARIES		0
	CONSULTANT - COMPUTER CONVERSION		26,000	CONSULTANT - COMPUTER CONVERSION		26,000
	COMPUTER SOFTWARE		10,000	COMPUTER SOFTWARE		10,000
	MANAGER INFORMATIONS SYSTEM		39,370	MANAGER INFORMATIONS SYSTEM		40,945
	FRINGE BENEFITS MANAGEMENT IMPROVE.		5,408	FRINGE BENEFITS MANAGEMENT IMPROVE.		5,624
	MANAGEMENT IMPROVEMENT		32,448	MANAGEMENT IMPROVEMENT		33,746
	ADMINISTRATIVE SALARIES		151,715	ADMINISTRATIVE SALARIES		151,715
	BENEFITS		19,723	BENEFITS		19,723
	SUNDRY		2,500	SUNDRY		2,500
	AUDIT		6,680	AUDIT		6,680
	FEES/COSTS		10,000	FEES/COSTS		10,000
	CONTINGENCY		22,657	CONTINGENCY		22,148
	OPERATIONS		100,000	OPERATIONS		100,000
	Subtotal of Estimated Cost		431,501	Subtotal of Estimated Cost		434,081

form HUD 52834(10/96)
ref Handbok 7485.3

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Capital Fund Program (CFP)

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement for Year 1 FFY: 2004	Work Statement for Year 4 FFY: 2007			Work Statement for Year 5 FFY: 2008		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0
	EMPLOYEE TRAINING		5,000	EMPLOYEE TRAINING		5,000
	POLICE SALARIES		0	POLICE SALARIES		0
	CONSULTANT - COMPUTER CONVERSION		0	CONSULTANT - COMPUTER CONVERSION		0
	COMPUTER SOFTWARE		10,000	COMPUTER SOFTWARE		10,000
	MANAGER INFORMATIONS SYSTEM		40,945	MANAGER INFORMATIONS SYSTEM		40,945
	FRINGE BENEFITS MANAGEMENT IMPROVE.		5,849	FRINGE BENEFITS MANAGEMENT IMPROVE.		5,849
	MANAGEMENT IMPROVEMENT		35,096	MANAGEMENT IMPROVEMENT		35,096
	ADMINISTRATIVE SALARIES		151,715	ADMINISTRATIVE SALARIES		151,715
	BENEFITS		19,723	BENEFITS		19,723
	SUNDRY		2,500	SUNDRY		2,500
	AUDIT		6,680	AUDIT		6,680
	FEES/COSTS		10,000	FEES/COSTS		10,000
	CONTINGENCY		14,908	CONTINGENCY		26,508
	OPERATIONS		100,000	OPERATIONS		100,000
	Subtotal of Estimated Cost		402,416	Subtotal of Estimated Cost		414,016

form HUD 52834(10/96)
ref Handbok 7485.3

Housing Authority of the City of Goldsboro, NC
Comments Received from Residents

The comments received from the Resident Advisory Board were favorable for this year's annual plan. No changes were recommended at this time.

Statement of Consistency with the Consolidated Plan

The Consolidated Plan and the PHA Plan both strive to provide safe, sanitary and decent housing. Both plans meet the priority to provide low-income households with affordable housing. The PHA has partnered with the City to develop homeownership opportunities for low-income persons.

NARRATIVE SUMMARY OF CFP PROGRAM YEAR
As of December 31, 2003

MAJOR WORK ACCOMPLISHED DURING THE PROGRAM YEAR OF January 1, 2003 THRU DECEMBER 31, 2003 INCLUDED THE FOLLOWING:

1. CONTINUATION OF COMPREHENSIVE RENOVATIONS AT ELMWOOD TERRACE DEVELOPMENT.
2. RELOCATION OF RESIDENTS NECESSARY TO ACCOMPLISH THE COMPREHENSIVE RENOVATIONS AT ELMWOOD TERRACE.
3. COMPLETION OF SECURITY SCREEN WINDOW INSTALLATION AT WOODCREST TERRACE DEVELOPMENT - NC15-5
4. COMPLETION OF SECURITY SCREEN WINDOW INSTALLATION AT WEST HAVEN DEVELOPMENT - NC15-7.
5. COMPLETION OF SECURITY SCREEN WINDOW INSTALLATION AT LITTLE WASHINGTON DEVELOPMENT - NC15-8.
6. SITEWORK - INCLUDING FENCE INSTALLATION BEHIND APARTMENTS ON SPRUCE STREET IN ELMWOOD TERRACE - NC15-6.
7. SITEWORK – INCLUDING CONTINUATION OF TREE TRIMMING AT ELMWOOD TERRACE - NC15-6.
8. BEGINNING INTERIOR/EXTERIOR RENOVATIONS AT WEST HAVEN COMMUNITY CENTER – NC15-7
9. BEGINNING OFFICE/CENTER RENOVATIONS AT LITTLE WASHINGTON DEVELOPMENT – NC15-8.
10. ELECTRICAL UPGRADES AT FAIRVIEW NC15-1 & NC15-3 AND LINCOLN NC15-2 & NC15-4.
11. SITEWORK AT FAIRVIEW OFFICE NC15-1.
12. HVAC SYSTEM INSTALLED AT LINCOLN OFFICE NC15-2.
13. BEGINNING KITCHEN RENOVATIONS AT WEST HAVEN NC15-7.

RESIDENTS CONTINUE TO BE INVOLVED IN THE PLANNING PROCESS OF THE CAPITAL FUND PROGRAMS.

GRANT #NC19P01550101

THIS GRANT IS ON SCHEDULE.

GRANT #NC19P01550102

THIS GRANT IS ON SCHEDULE.

GRANT #NC19R01550102

THIS GRANT WAS CLOSED OUT IN OCTOBER 2003

GRANT #NC19P01550103

THIS GRANT IS ON SCHEDULE.

GRANT #NC19R01550103

THERE HAS BEEN NO ACTIVITY IN THIS GRANT

ACTUAL OBLIGATIONS DECEMBER 31, 2003

GRANT NC19P01550101	-	$2,267,030.00
GRANT NC19P01550102		$1,776,748.02
GRANT NC19R01550102		$ 7,235.00
GRANT NC19P01550103		$ 152,350.00
GRANT NC19R01550103		$ 0.00

ACTUAL EXPENDITURES DECEMBER 31, 2003

GRANT NC19P01550101	-	$2,047,399.52
GRANT NC19P01550102		$1,624,281.55
GRANT NC19R01550102		$ 7,235.00
GRANT NC19P01550103		$ 120,257.00
GRANT NC19R01550103		$ 0.00

EXPLANATION OF PERFORMANCE ON IMPLEMENTATION SCHEDULE

GRANT NC19P01550101	-	ON SCHEDULE
GRANT NC19P01550102	-	ON SCHEDULE
GRANT NC19R01550102	-	CLOSED IN OCTOBER 2003

GRANT NC19P01550103 - ON SCHEDULE

GRANT NC19R01550103 - NO ACTIVITY

END OF NARRATIVE REPORT