

PHA Plans

Streamlined 5-Year/Annual Version

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

OMB No. 2577-0226
(exp 08/31/2009)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2005- 2011

Streamlined Annual Plan for Fiscal Year 2007

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five-Year PHA Plan Agency Identification

PHA Name: Eastern Carolina Regional Housing Authority
PHA Number: NC010

PHA Fiscal Year Beginning: (mm/yyyy) 10/2007

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
Number of public housing units: Number of S8 units: Number of public housing units: 739
Number of S8 units:

PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

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 and attachments (if any) 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)
PHA Local Offices

Streamlined Five-Year PHA Plan

PHA FISCAL YEARS 2006 - 2011

[24 CFR Part 903.12]

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: (state mission here)

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)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - 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:
- 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:
- 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:
- 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:
- 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)

Streamlined Annual PHA Plan **PHA Fiscal Year 2007** [24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

- 1. Housing Needs
- 2. Financial Resources
- 3. Policies on Eligibility, Selection and Admissions
- 4. Rent Determination Policies
- 5. Capital Improvements Needs
- 6. Demolition and Disposition
- 7. Homeownership
- 8. Civil Rights Certifications (included with PHA Certifications of Compliance)
- 9. Additional Information
 - a. PHA Progress on Meeting 5-Year Mission and Goals
 - b. Criteria for Substantial Deviations and Significant Amendments
 - c. Other Information Requested by HUD
 - i. Resident Advisory Board Membership and Consultation Process
 - ii. Resident Membership on the PHA Governing Board
 - iii. PHA Statement of Consistency with Consolidated Plan
 - iv. (Reserved)
- 10. Project-Based Voucher Program
- 11. Supporting Documents Available for Review
- 12. FY 2007 Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 13. Capital Fund Program 5-Year Action Plan
- 14. Other (List below, providing name for each item)

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;

Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.

For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions;

Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. 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 PHA’s Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> 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	405		
Extremely low income <=30% AMI	268	66	
Very low income (>30% but <=50% AMI)	110	27	
Low income (>50% but <80% AMI)	27	7	
Families with children	326	80	
Elderly families	19	5	
Families with Disabilities	60	15	
Race/ethnicity	92	23	
Race/ethnicity	303	75	
Race/ethnicity	10	2	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	101		
2 BR	134		
3 BR	124		
4 BR	39		
5 BR	7		
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

B. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **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)

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 903.12 (b), 903.7 (c)]

List on the following table 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 2007 grants)		
a) Public Housing Operating Fund	1,508,273	
b) Public Housing Capital Fund	1,106,236	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Resident Opportunity and Self-Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	1,075,000	Public Housing Operations
4. Other income (list below)	149,000	Public Housing Operations
Interest Income	45,000	Public Housing Operations
4. Non-federal sources (list below)		
Total resources	3,883,509	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.12 (b), 903.7 (b)]

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: (describe)
When families submit an application for housing

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)
By town or city where developments are located

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

- PHA main administrative office
- PHA development site management office
- Other (list below)
At the PHA Site Management Office at their desired housing location

c. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to d.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics
Macon Court I & II NC010- 3&4 : Kings Terrace NC010-14 Morehead City, NC				
Manteo Circle, NC010-8 Havelock, NC				
Eastover Terrace NC010-6, Sampson Homes NC010-7, Dogwood Circle & Byron Butler Court NC010-12 Clinton, NC				
Brookside Manor NC010-15, Winfrey Court I & II NC010-18 Goldsboro, NC				
Knollwood Court NC010-17, Angier, NC Austin Acres NC010-19 Clayton, NC				
Dudley Court NC010-22, Jacksonville, NC				
Magnolia Court NC010-16A & Mercer Court NC010-B : Magnolia and Beulaville, NC				

2. What is the number of site based waiting list developments to which families may apply at one time?

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?

4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD

or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

d. Site-Based Waiting Lists – Coming Year

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? 10 (Regional HA)
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
- Over-housed
- Under-housed
- 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)

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)

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.

2 Date and Time

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

Other preferences (select all that apply)

- 1 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)

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)
Resident Handbook

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: 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 on the following table:

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)]

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):
 - 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)

(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)

(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:

(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)

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:

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

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

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 903.12(b), 903.7(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 of the following two)

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))

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% of 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

a. 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)
Outside Consultant Analysis

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 below 100% 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. Capital Improvement Needs

[24 CFR Part 903.12(b), 903.7 (g)]

Exemptions from Component 5: Section 8 only PHAs are not required to complete this component and may skip to Component 6.

A. Capital Fund Activities

Exemptions from sub-component 5A: PHAs that will not participate in the Capital Fund Program may skip to component 5B. All other PHAs must complete 5A as instructed.

(1) Capital Fund Program

- a. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.
- b. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability of sub-component 5B: 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.

(1) Hope VI Revitalization

- a. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below 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)
Development name:

Development (project) number:

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

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

6. Demolition and Disposition

[24 CFR Part 903.12(b), 903.7 (h)]

Applicability of component 6: Section 8 only PHAs are not required to complete this section.

- a. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI) of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If “No”, skip to component 7; if “yes”, complete one activity description for each development on the following chart.)

Demolition/Disposition Activity Description
1a. Development name: Bayview Homes 1b. Development (project) number: NC010-5
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 25
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 08/01/06 b. Projected end date of activity: 08/01/08

7. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

[24 CFR Part 903.12(b), 903.7(k)(1)(i)]

- (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 the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

(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, what is the maximum number of participants this fiscal year? ___

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:

- c. What actions will the PHA undertake to implement the program this year (list)?

(3) Capacity of the PHA to Administer a Section 8 Homeownership Program

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

- a. Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family’s resources.
- b. Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- c. Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below).
- d. Demonstrating that it has other relevant experience (list experience below).

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans*, which is submitted to the Field Office in hard copy—see Table of Contents.

9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2006 - 2011.)

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

- a. Substantial Deviation from the 5-Year Plan
- b. Significant Amendment or Modification to the Annual Plan

C. Other Information

[24 CFR Part 903.13, 903.15]

(1) Resident Advisory Board Recommendations

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

If yes, provide the comments below:

- b. 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)

(2) Resident Membership on PHA Governing Board

The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.

a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year?

Yes No:

If yes, complete the following:

Name of Resident Member of the PHA Governing Board: Gladys Harper

Method of Selection:

Appointment

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

07-01-06/06-30-10

Election by Residents (if checked, complete next section--Description of Resident Election Process)

Description of Resident Election Process

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)

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)

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)

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

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

Date of next term expiration of a governing board member: 06/30/10

Name and title of appointing official(s) for governing board (indicate appointing official for the next available position): Appointed by County Commissioners for each county.

(3) PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

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

a. 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 on its waiting list 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)
to provide decent, safe, affordable housing to low income families and elderly
to explore opportunities and funds available to expand existing stock of housing
to attend housing development meetings and contact community leaders to develop contacts and possible partnerships in fulfilling our mission
- Other: (list below)

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

(4) (Reserved)

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

10. Project-Based Voucher Program

- a. Yes No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.
- b. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?

If yes, check which circumstances apply:

- Low utilization rate for vouchers due to lack of suitable rental units
- Access to neighborhoods outside of high poverty areas
- Other (describe below:)

- c. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans.</i>	Standard 5 Year and Annual Plans; streamlined 5 Year Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
X	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
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia
	Other supporting documents (optional). List individually.	(Specify as needed)

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
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	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Eastern Carolina Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/07 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	160,000.00	160,000.00	160,000.00	160,000.00
4	1410 Administration	114,310.00	91,000.00	91,000.00	37,561.51
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000.00	20,000.00	20,000.00	8,112.69
8	1440 Site Acquisition				
9	1450 Site Improvement		4,200.00	1,800.00	1,800.00
10	1460 Dwelling Structures	639,410.00	694,920.86	682,520.86	682,520.86
11	1465.1 Dwelling Equipment—Nonexpendable	127,500.00	139,557.29	139,557.29	139,557.29
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment		29,000.00		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

Annual Statement/Performance and Evaluation Report

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

PHA Name: Eastern Carolina Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 2)

 Performance and Evaluation Report for Period Ending: 06/30/07
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	69,888.00	4,429.85	4,429.85	-
21	Amount of Annual Grant: (sum of lines.....)	1,143,108.00	1,143,108.00	1,099,308.00	1,029,552.35
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 505 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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:	
EASTERN CAROLINAL REGIONA HOUSING AUTHORITY		Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor Grant No:						2005	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
1. NC10-3	Exterior Doors	1460	40 Units	\$ 24,000.00	\$ 21,930.68	\$ 21,930.68	\$ 21,930.68	COMPLETED	
MACON COURT I	SUBTOTAL			\$ 24,000.00	\$ 21,930.68	\$ 21,930.68	\$ 21,930.68		
2. NC10-4	Exterior Doors	1460	24 Units	\$ 14,400.00	\$ 13,158.41	\$ 13,158.41	\$ 13,158.41	COMPLETED	
MACON COURT I	SUBTOTAL			\$ 14,400.00	\$ 13,158.41	\$ 13,158.41	\$ 13,158.41		
3. NC10-5	Exterior Doors	1460	25 Units	\$ 15,000.00	\$ -	\$ -	\$ -	CANCELLED	
BAYVIEW HOMES	Re-Roof	1460	25 Units	\$ 87,500.00	\$ -	\$ -	\$ -		
	SUBTOTAL			\$ 102,500.00	\$ -	\$ -	\$ -		
4. NC10-6	Refrigerator	1465	35 Units	\$ 10,750.00	\$ 11,602.15	\$ 11,602.15	\$ 11,602.15	COMPLETED	
EASTOVER	Exterior Doors	1460	35 Units	\$ 21,000.00	\$ 34,757.37	\$ 34,757.37	\$ 34,757.37	COMPLETED	
TERRACE	Sinking Floor	1460	35 Units	\$ -	\$ 85,504.88	\$ 85,504.88	\$ 85,504.88	COMPLETED	
	SUBTOTAL			\$ 31,750.00	\$ 131,864.40	\$ 131,864.40	\$ 131,864.40		
5. NC10-7									
SAMPSON HOMES	Refrigerator	1465	35 Units	\$ 10,750.00	\$ 11,602.15	\$ 11,602.15	\$ 11,602.15	COMPLETED	
	Exterior Doors	1460	35 Units	\$ 21,000.00	\$ 34,757.37	\$ 34,757.37	\$ 34,757.37	COMPLETED	
	SUBTOTAL			\$ 31,750.00	\$ 46,359.52	\$ 46,359.52	\$ 46,359.52		
6. NC10-8									
MANTEO CIRCLE	Refrigerator	1465	50 Units	\$ 15,000.00	\$ 16,574.50	\$ 16,574.50	\$ 16,574.50	COMPLETED	
	SUBTOTAL			\$ 15,000.00	\$ 16,574.50	\$ 16,574.50	\$ 16,574.50		

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:
EASTERN CAROLINAL REGIONA HOUSING AUTHORITY		Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor Grant No:						2005
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
7. NC10-11	Exterior Doors	1460	90 Units	\$ 54,000.00	\$ 89,371.52	\$ 89,371.52	\$ 89,371.52	COMPLETED
BROOKSIDE MANOR	Refrigerator	1465	90 Units	\$ 27,500.00	\$ 29,834.10	\$ 29,834.10	\$ 29,834.10	COMPLETED
	SUBTOTAL			\$ 81,500.00	\$ 119,205.62	\$ 119,205.62	\$ 119,205.62	
8. NC10-12	Refrigerator	1465	100 Units	\$ 30,000.00	\$ 33,149.00	\$ 33,149.00	\$ 33,149.00	COMPLETED
DOGWOOD	Termite Treatment	1460	100 Units	\$ 23,310.00	\$ 21,067.00	\$ 21,067.00	\$ 21,067.00	COMPLETED
& BYRON	Handicap Ramps	1460	30 Units	\$ -	\$ 8,400.00	\$ -	\$ -	
BUTLER	SUBTOTAL			\$ 53,310.00	\$ 62,616.00	\$ 54,216.00	\$ 54,216.00	
9. NC10-14								
KINGS TERRACE	Exterior Doors	1460	60 Units	\$ 36,000.00	\$ 29,832.90	\$ 29,832.90	\$ 29,832.90	COMPLETED
	SUBTOTAL			\$ 36,000.00	\$ 29,832.90	\$ 29,832.90	\$ 29,832.90	
10. NC10-15&18	Exterior Doors	1460	90 Units	\$ 54,000.00	\$ 44,765.25	\$ 44,765.25	\$ 44,765.25	COMPLETED
WINFREY COURT	Refrigerator	1465	90 Units	\$ 27,500.00	\$ 29,834.10	\$ 29,834.10	\$ 29,834.10	COMPLETED
	SUBTOTAL			\$ 81,500.00	\$ 74,599.35	\$ 74,599.35	\$ 74,599.35	
11. NC10-16	Playground	1475	24 Units	\$ -	\$ 11,000.00	\$ -	\$ -	
MAGNOLIA	Back Flow Prevention	1450	24 Units	\$ -	\$ 1,800.00	\$ 1,800.00	\$ 1,800.00	COMPLETED
& MERCER COURT	Exterior Doors	1460	50 Units	\$ 15,600.00	\$ 24,908.41	\$ 24,908.41	\$ 24,908.41	COMPLETED
	SUBTOTAL			\$ 15,600.00	\$ 37,708.41	\$ 26,708.41	\$ 26,708.41	

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:	
EASTERN CAROLINAL REGIONA HOUSING AUTHORITY		Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor Grant No:						2005	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
12. NC10-17									
KNOLLWOOD									
COURT	Termite Treatment	1460	40 Units	\$ 15,000.00	\$ 10,350.00	\$ 10,350.00	\$ 10,350.00	COMPLETED	
	SUBTOTAL			\$ 15,000.00	\$ 10,350.00	\$ 10,350.00	\$ 10,350.00		
13. NC10-19	Mail Boxes Upgrade	1450	43 Units	\$ -	\$ 2,400.00	\$ -	\$ -		
AUSTIN ACRES	Cabinets	1460	43 Units	\$ 129,000.00	\$ 138,367.98	\$ 138,367.98	\$ 138,367.98	COMPLETED	
	SUBTOTAL			\$ 129,000.00	\$ 140,767.98	\$ 138,367.98	\$ 138,367.98		
14. NC10-21	Playground	1475	36 Units	\$ -	\$ 18,000.00	\$ -	\$ -		
BRANTWOOD	Exterior Doors	1460	36 Units	\$ 21,600.00	\$ 17,906.09	\$ 17,906.09	\$ 17,906.09	COMPLETED	
COURT	Cabinets	1460	36 Units	\$ 108,000.00	\$ 115,843.00	\$ 115,843.00	\$ 115,843.00	COMPLETED	
	SUBTOTAL			\$ 129,600.00	\$ 151,749.09	\$ 133,749.09	\$ 133,749.09		
15. NC10-22	Porches	1460	21 Units	\$ -	\$ 4,000.00	\$ -	\$ -		
DUDLEY COURT	Refrigerator	1465	21 Units	\$ 6,000.00	\$ 6,961.29	\$ 6,961.29	\$ 6,961.29	COMPLETED	
	SUBTOTAL			\$ 6,000.00	\$ 10,961.29	\$ 6,961.29	\$ 6,961.29		

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:	
EASTERN CAROLINAL REGIONA HOUSING AUTHORITY		Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor Grant No:					2005	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
16. PHA WIDE								
ADMIN	SALARIES, TECHNICAL &NONTECHNIC	1410	PHA Wide	\$ 114,310.00	\$ 91,000.00	\$ 91,000.00	\$ 37,561.51	
EXPENSE	PORTIONS OF STAFF; SUPPLIES							
	TRAVEL, LEGAL&SUNDRY EXPENSE							
	SUBTOTAL			\$ 114,310.00	\$ 91,000.00	\$ 91,000.00	\$ 37,561.51	
17. CONTINGENCY	CONTINGENCY TO COVER	1502	PHA Wide	\$ 69,888.00	\$ 4,429.85	\$ 4,429.85	\$ -	
	UNEXPECTED COST							
	SUBTOTAL			\$ 69,888.00	\$ 4,429.85	\$ 4,429.85	\$ -	
				\$ -	\$ -	\$ -	\$ -	
18. FEES & COST	A&E DESIGN FEES	1430	PHA Wide	\$ 32,000.00	\$ 20,000.00	\$ 20,000.00	\$ 8,112.69	
	SUBTOTAL			\$ 32,000.00	\$ 20,000.00	\$ 20,000.00	\$ 8,112.69	
19. MANAGEMENT	POLICE SECURITY CONTRACT	1408	PHA Wide	\$ 160,000.00	\$ 160,000.00	\$ 160,000.00	\$ 160,000.00	
IMPROVEMENTS								
	SUBTOTAL			\$ 160,000.00	\$ 160,000.00	\$ 160,000.00	\$ 160,000.00	
	GRAND TOTAL			\$ 1,143,108.00	\$ 1,143,108.00	\$ 1,099,308.00	\$ 1,029,552.36	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: EASTERN CAROLINA REGIONAL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor No:					Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1. NC10-3 MACON COURT I	09/30/07		03/31/06	09/30/09		01/31/07	
2. NC10-4 MACON COURT I	09/30/07		03/31/06	09/30/09		01/31/07	
3. NC10-5 BAYVIEW HOMES HOMES	09/30/07			09/30/09			CANCELLED
4. NC10-6 EASTOVER TERRACE	09/30/07		03/31/06	09/30/09		01/31/07	
5. NC10-7 SAMPSON HOMES	09/30/07		03/31/06	09/30/09		01/31/07	
6. NC10-8 MANTEO CIRCLE	09/30/07		01/31/06	09/30/09		01/31/07	
7. NC10-11 BROOKSIDE MANOR	09/30/07		03/31/06	09/30/09		01/31/07	
8. NC10-12 DOGWOOD & BYRON BUTLER	09/30/07		03/31/06	09/30/09		01/31/07	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: EASTERN CAROLINA REGIONAL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NC19P01050105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
9. NC10-14 KINGS TERRACE	09/30/07			09/30/09		01/31/07	
10. NC10-15&18 WINFREY COURT	09/30/07		03/31/06	09/30/09			
11. NC10-16 MAGNOLIA & MERCER COURT	09/30/07		03/31/06	09/30/09		01/31/07	
12. NC10-17 KNOLLWOOD COURT	09/30/07		03/31/06	09/30/09		04/30/06	
13. NC10-19 AUSTIN ACRES	09/30/07		03/31/06	09/30/09		11/30/06	
14. NC10-21 BRANTWOOD COURT	09/30/07		03/31/06	09/30/09		01/31/07	
15. NC10-22 DUDLEY COURT	09/30/07		01/31/06	09/30/09		03/31/06	

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		REGIONAL HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
EASTERN CAROLINA						
A. Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2006	Work Statement for Year 3 FFY Grant: PHA FY: 2007	Work Statement for Year 4 FFY Grant: PHA FY: 2008	Work Statement for Year 5 FFY Grant: PHA FY: 2009	
NC10-3 MACON COURT I	See Annual Statement	85,333.00	40,500.00	-	100,000.00	
NC10-4 MACON COURT II		51,200.00	24,300.00	-	60,000.00	
NC10-5 BAYVIEW HOMES		-	25,200.00	-	-	
NC10-6 EASTOVER TERRACE		87,500.00	-	-	63,000.00	
NC10-7 SAMPSON HOMES		150,500.00	-	-	-	
NC10-8 MANTEO CIRCLE		-	135,000.00	105,000.00	-	
NC10-11 BROOKSIDE MANOR		-	315,000.00	225,000.00	-	
NC10-12 DOGWOOD & B BUTLER		-	-	-	250,000.00	
NC10-14 KINGS TERRACE		-	-	-	-	
NC10-15 & 18 WINFREY COURT		47,500.00	-	225,000.00	-	
NC10-16 MAGNOLIA & MERCER		4,200.00	175,000.00	15,000.00	125,000.00	
NC10-17 KNOLLWOOD COURT		103,300.00	-	-	90,000.00	
NC10-19 AUSTIN ACRES		107,500.00	-	-	-	
NC10-21 BRANTWOOD COURT		108,000.00	-	75,600.00	-	
NC10-22 DUDLEY COURT		-	-	-	-	
B. MANAGEMENT IMPROVEMENTS			160,000.00	160,000.00	160,000.00	160,000.00
C. HA-WIDE NONDWELLING STRUCTURE AND EQUIPMENT			-	-	-	-
D. ADMINISTRATION			107,877.00	107,877.00	107,877.00	107,877.00
E. COLLATERIZATION OR DEBT SERVICES			-	-	-	-
F. OTHER			\$65,859.00	\$95,892.00	\$165,292.00	\$122,892.00
CFP Funds Listed for 5-year planning		1,078,769.00	1,078,769.00	1,078,769.00	1,078,769.00	
Replacement Housing Factor Funds						

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>02</u> FFY Grant: 2006 PHA FY:			Activities for Year : <u>02</u> FFY Grant: 2006 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	NC10-3 MACON COURT I			NC10-21 BRANTWOOD COURT		
Annual	INSULATED WINDOWS	40 Units	85,333.00	PLAYGROUND	36 Units	18,000.00
Statement				FLOORS&BASEBOARD	36 Units	90,000.00
	NC10-4 MACON COURT II					
	INSULATED WINDOWS	24 Units	51,200.00			
	NC10-6 EASTOVER TERRACE					
	FLOORS&BASEBOARD	35 Units	87,500.00			
	NC10-7 SAMPSON HOMES					
	INSULATED WINDOWS	35 Units	63,000.00			
	FLOORS&BASEBOARD	35 Units	87,500.00			
	NC10-15&18 WINFREY COURT					
	PAINT PORCH	90 Units	7,500.00			
	PERIMETER FENCE IRON	90 Units	40,000.00			
	NC10-16 MAGNOLIA & MERCER COURT					
	PAINT PORCH	50 Units	4,200.00			
	NC10-17 KNOLLWOOD COURT					
	FLOORS&BASEBOARD	40 Units	100,000.00			
	PAINT PORCH	40 Units	3,300.00			
	NC10-19 AUSTIN ACRES					
	FLOORS&BASEBOARD	43 Units	107,500.00			
Total CFP Estimated Cost						\$ 745,033.00

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

PHA Name: Eastern Carolina Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P01050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 03-31-07 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	160,000	170,000	160,000	3,953
4	1410 Administration	110,624	110,624	110,624	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000	35,000	35,000	13,165
8	1440 Site Acquisition				
9	1450 Site Improvement	188,000	178,000	164,951	1,268
10	1460 Dwelling Structures	530,036	540,569	10,533	10,533
11	1465.1 Dwelling Equipment—Nonexpendable		65,860		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment		68,000		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

CC: Commissioners
R Lancaster
5-Year Plan File

Annual Statement/Performance and Evaluation Report

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

PHA Name: Eastern Carolina Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: NC19P01050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)

Performance and Evaluation Report for Period Ending: 03-31-07 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	82,576.00	31,778.00	-	-
21	Amount of Annual Grant: (sum of lines.....)	\$ 1,106,236.00	\$ 1,199,831.00	\$ 481,108.00	\$ 28,919.50
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 505 compliance				
24	Amount of line 21 Related to Security –Soft Costs				
25	Amount of Line 21 related to Security-- Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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:	
EASTERN CAROLINAL REGIONA HOUSING AUTHORITY		Capital Fund Program Grant No: NC19P01050106 Replacement Housing Factor Grant No:					2006	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
1. NC10-6	Sewer Lines	1450	35 Units	\$ 75,250.00	\$ 75,250.00	\$ 82,475.50	\$ 634.06	
EASTOVER	Pave Parking Area	1450	35 Units	\$ 15,000.00	\$ 15,000.00	\$ -	\$ -	
TERRACE	Replace Ceilings	1460	35 Units	\$ 105,000.00	\$ 105,000.00	\$ -	\$ -	
	SUBTOTAL			\$ 195,250.00	\$ 195,250.00	\$ 82,475.50	\$ 634.06	
2. NC10-7								
SAMPSON HOMES	Sewer Lines	1450	35 Units	\$ 75,250.00	\$ 75,250.00	\$ 82,475.50	\$ 634.05	
	Replace Ceilings	1460	35 Units	\$ 105,000.00	\$ 105,000.00	\$ -	\$ -	
	SUBTOTAL			\$ 180,250.00	\$ 180,250.00	\$ 82,475.50	\$ 634.05	
3. NC10-8								
MANTEO CIRCLE	Sidewalks - Backyard	1450	50 Units	\$ 10,000.00	\$ -	\$ -	\$ -	COMPLETED OPERATION BUDGET
	SUBTOTAL			\$ 10,000.00	\$ -	\$ -	\$ -	
4. NC10-11								
BROOKSIDE MANOR	Replace Ceilings	1460	90 Units	\$ 270,000.00	\$ 270,000.00	\$ -	\$ -	
	SUBTOTAL			\$ 270,000.00	\$ 270,000.00	\$ -	\$ -	
5. NC10-14								
KINGS TERRACE	Exterior Doors	1460	36 Units	\$ 30,036.00	\$ 30,036.00	\$ -	\$ -	MOVED TO CFP05
	SUBTOTAL			\$ 30,036.00	\$ 30,036.00	\$ -	\$ -	

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:	
EASTERN CAROLINAL REGIONA HOUSING AUTHORITY		Capital Fund Program Grant No: NC19P01050106 Replacement Housing Factor Grant No:					2006	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
6. NC10-15 & 18	Wellness Program	1408	OFFICE	\$ -	\$ 10,000.00	\$ -	\$ -	
WINFREY COURT I	Common Area & Bathroom	1460	OFFICE	\$ -	\$ 10,000.00	\$ -	\$ -	
	Pave Parking Area	1450	40 Units	\$ 12,500.00	\$ 12,500.00	\$ -	\$ -	
	SUBTOTAL			\$ 12,500.00	\$ 32,500.00	\$ -	\$ -	
7. NC10-16A & B								
MAGNOLIA	Refrigerators	1465	50 Units	\$ -	\$ 17,000.00	\$ -	\$ -	
& MERCER COURT	Termite Treatment	1460	50 Units	\$ 20,000.00	\$ 10,533.00	\$ 10,533.00	\$ 10,533.00	COMPLETED
	SUBTOTAL			\$ 20,000.00	\$ 27,533.00	\$ 10,533.00	\$ 10,533.00	
8. NC10-17	Erosion Control	1460	40 Units	\$ -	\$ 5,000.00	\$ -	\$ -	
KNOLLWOOD	Refrigerators	1465	40 Units	\$ -	\$ 13,600.00	\$ -	\$ -	
	SUBTOTAL			\$ -	\$ 18,600.00	\$ -	\$ -	
9. NC10-19	Playground	1475	43 Units	\$ -	\$ 20,000.00	\$ -	\$ -	
AUSTIN ACRES	Refrigerators	1465	43 Units	\$ -	\$ 14,620.00	\$ -	\$ -	
	SUBTOTAL			\$ -	\$ 34,620.00	\$ -	\$ -	
10. NC10-21	Erosion Control	1460	36 Units	\$ -	\$ 5,000.00	\$ -	\$ -	
BRANTWOOD	Refrigerators	1465	36 Units	\$ -	\$ 12,240.00	\$ -	\$ -	
	Playground	1475	36 Units	\$ -	\$ 18,000.00	\$ -	\$ -	
	SUBTOTAL			\$ -	\$ 35,240.00	\$ -	\$ -	

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:	
EASTERN CAROLINAL REGIONA HOUSING AUTHORITY		Capital Fund Program Grant No: NC19P01050106 Replacement Housing Factor Grant No:					2006	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
11. NC10-22								
DUDLEY COURT	Range	1465	21 Units	\$ -	\$ 8,400.00	\$ -	\$ -	
	SUBTOTAL			\$ -	\$ 8,400.00	\$ -	\$ -	
12. NC10-99								
CENTRAL OFFICE	Server/PC Upgrade	1475	OFFICE	\$ -	\$ 30,000.00	\$ -	\$ -	
	SUBTOTAL			\$ -	\$ 30,000.00	\$ -	\$ -	
13. PHA WIDE	SALARIES, TECHNICAL &NONTECHNIC	1410	PHA Wide					
ADMIN	PORTIONS OF STAFF; SUPPLIES							
EXPENSE	TRAVEL, LEGAL&SUNDRY EXPENSE			\$ 110,624.00	\$ 110,624.00	\$110,624.00	\$ -	
	SUBTOTAL			\$ 110,624.00	\$ 110,624.00	\$110,624.00	\$ -	
13. CONTINGENCY	CONTINGENCY TO COVER	1502	PHA Wide	\$ 82,576.00	\$ 31,778.00	\$ -	\$ -	
	UNEXPECTED COST			\$ 82,576.00	\$ 31,778.00	\$ -	\$ -	
	SUBTOTAL							
14. FEES & COST	A&E DESIGN FEES	1430	PHA Wide	\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ 13,165.05	
	SUBTOTAL			\$ 35,000.00	\$ 35,000.00	\$ 35,000.00	\$ 13,165.05	
15. MANAGEMENT	POLICE SECURITY CONTRACT	1408	PHA Wide	\$ 160,000.00	\$ 160,000.00	\$160,000.00	\$ 3,953.34	
IMPROVEMENTS	SUBTOTAL			\$ 160,000.00	\$ 160,000.00	\$160,000.00	\$ 3,953.34	
	GRAND TOTAL			\$ 1,106,236.00	\$1,199,831.00	\$481,108.00	\$ 28,919.50	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: EASTERN CAROLINA REGIONAL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NC19P01050106 Replacement Housing Factor No:				Federal FY of Grant: 2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1. NC10-6 EASTOVER TERRACE	09/30/08			09/30/10			
2. NC10-7 SAMPSON HOMES	09/30/08			09/30/10			
3. NC10-8 MANTEO CIRCLE	09/30/08			09/30/10			
4. NC10-11 BROOKSIDE MANOR	09/30/08			09/30/10			
5. NC10-14 KINGS TERRACE	09/30/08			09/30/10			
6. NC10-15 & 18 WINFREY COURT I & II	09/30/08			09/30/10			
7. NC10-16A & B MAGNOLIA & MERCER COURT COURT	09/30/08			09/30/10			

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		REGIONAL HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
EASTERN CAROLINA						
A. Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2007	Work Statement for Year 3 FFY Grant: PHA FY: 2008	Work Statement for Year 4 FFY Grant: PHA FY: 2009	Work Statement for Year 5 FFY Grant: PHA FY: 2010	
NC10-3 MACON COURT I	See Annual Statement	100,000.00	-	13,400.00	-	
NC10-4 MACON COURT II		-	70,000.00	128,040.00	-	
NC10-5 BAYVIEW HOMES		-	-	-	-	
NC10-6 EASTOVER TERRACE		-	-	-	-	
NC10-7 SAMPSON HOMES		-	87,500.00	-	-	
NC10-8 MANTEO CIRCLE		125,000.00	-	166,750.00	-	
NC10-11 BROOKSIDE MANOR		-	450,000.00	-	315,000.00	
NC10-12 DOGWOOD & B BUTLER		-	-	-	27,000.00	
NC10-14 KINGS TERRACE		-	-	-	-	
NC10-15 & 18 WINFREY COURT		-	-	-	-	
NC10-16 MAGNOLIA & MERCER		125,000.00	-	16,750.00	-	
NC10-17 KNOLLWOOD COURT		-	-	13,400.00	56,000.00	
NC10-19 AUSTIN ACRES		215,000.00	-	-	20,000.00	
NC10-21 BRANTWOOD COURT		-	-	180,000.00	32,400.00	
NC10-22 DUDLEY COURT		-	-	8,400.00	-	
B. MANAGEMENT IMPROVEMENTS			128,365.00	128,365.00	128,365.00	128,365.00
C. HA-WIDE NONDWELLING STRUCTURE AND EQUIPMENT			-	-	-	-
D. ADMINISTRATION			98,962.00	98,962.00	98,962.00	98,962.00
E. COLLATERIZATION OR DEBT SERVICES			221,327.00	221,327.00	276,639.00	309,746.00
F. OTHER			92,582.00	50,082.00	75,530.00	\$118,763.00
CFP Funds Listed for 5-year planning			1,106,236.00	1,106,236.00	1,106,236.00	1,106,236.00
Replacement Housing Factor Funds						

EASTERN CAROLINA REGIONAL HOUSING AUTHORITY

PET POLICY

In order to insure a safe and sanitary environment for all residents and provide for the ownership of pets in assisted housing communities, the following guidelines are established:

PERMIT. Prior to admitting a pet into the family's unit and/or community, the resident head of household must apply for a PET PERMIT. Application for the permit will be submitted to the Housing Management Office on the form provided not less than thirty (30) days prior to introducing the pet into the household.

Tenants who have a documented history of poor housekeeping habits will NOT be approved for pet ownership and will be denied a Permit.

The Housing Authority reserves the right to check all references and gather such information deemed necessary to make an informed decision regarding the resident's request for a Permit. This includes, but is not limited to, checking with prior landlords and neighbors, previous pet ownership history and the history of the pet to be obtained by the resident.

If the Housing Authority concludes that granting the Permit would be inappropriate or ill-advised, the resident will not be granted a Permit. In such cases the resident will be advised, in writing, of the reasons for the denial and may appeal the decision in accordance with the Grievance Procedures adopted by the Housing Authority.

This policy does not apply against animals that are necessary as a reasonable accommodation to assist, support or provide service to persons with disabilities. Ask the Housing Authority for rules regarding assistance animals.

REVOCATION OF A PET PERMIT. The Housing Authority reserves the right to revoke a Pet Permit if the terms of this Policy are violated; excessive damage is being done to the dwelling unit; or housekeeping habits are found to be not acceptable.

Tenants who are currently maintaining pets in their household must request a permit within thirty (30) days of the effective date of this policy.

REQUIREMENTS FOR OBTAINING A PET PERMIT. Each application for a pet permit must contain the following information.

1. The anticipated size (weight) of the pet when acquired and at maturity.
Anticipated size at maturity must be confirmed in writing by a Veterinarian.

NOTE: THE MATURE SIZE OF PETS MAY NOT EXCEED 40 POUNDS.

2. The type (species) of pet, e.g. dog, cat, bird, etc.
3. If a dog, the breed (if purebred) or believed breeds (if mixed bred). Breeds that are commonly known to have a vicious or aggressive disposition (such as Doberman, Pit Bull, Chow, Rottweiler, etc.) or a mix of these breeds will NOT BE PERMITTED.
4. Age of Pet. Due to age-related behavior, applications for young animals may be more closely reviewed.
5. The name, address, and phone number of one or more responsible persons who will care for the pet if the owner dies, is incapacitated or otherwise is unable to care for the pet.
6. Current veterinary certificate showing spaying or neutering and current inoculations and name and address of veterinarian.
7. Current license certificates (if applicable).
8. Evidence of insurance or availability of insurance required by the mandatory rules.

PET DEPOSIT. UPON APPROVAL OF THE PET PERMIT, THE RESIDENT WILL PAY A \$200 PET DEPOSIT WHICH IS NON-REFUNDABLE. This deposit may be paid over a reasonable time (not to exceed 4 months) upon approval by the Authority. The resident does not have to pay the full deposit prior to acquiring the pet. However, the initial deposit, which shall be at least \$50, must be paid at the time the permit is approved. No part of the deposit is refundable once the pet is brought into the dwelling unit. This deposit is used to cover the reasonable operating costs of the Authority relating to pets.

THIS POLICY DOES NOT LIMIT THE RESIDENT'S LIABILITY FOR DAMAGES THAT OCCUR DUE TO PET OWNERSHIP. THE HOUSING AUTHORITY RESERVES THE RIGHT TO RECOUP THE COSTS OF REPAIRS SEPARATELY FROM THIS DEPOSIT.

MANDATORY RULES. Upon approval of the Pet Permit, the resident will agree, in writing, to the following rules:

1. INOCULATIONS. The resident will have the pet inoculated in accordance with State and Local Laws and customary veterinary practices and provide the Housing Authority with evidence of compliance. Any deviation from this

requirement must be supported by an explanatory statement from a veterinarian licensed to practice in this State, and the resident must take appropriate steps to isolate any excepted animals.

2. SANITARY CONDITIONS. The resident will be responsible for cleaning and disposal of pet waste inside the apartment and on the grounds of the neighborhood in a timely manner. If, in the opinion of the Housing Authority, it becomes necessary to have the dwelling unit treated for infestation, sanitized, or carpets/floors cleaned professionally, the resident pet owner will be required to provide evidence of such treatment within 10 days of the date the notification was mailed. If such evidence is not forthcoming, The Housing Authority will arrange for the treatment and bill the resident. The amount will be due and payable immediately.
3. IDENTIFICATION AND RABIES TAGS/LICENSING. Dogs and cat must wear identification and rabies tags at all times. If State or Local Laws require licensing of the pet, the resident must obtain and maintain all required licenses.
4. PET CARE. The resident will provide at his/her expense reasonable nutrition, grooming, exercise, flea control, routine veterinary care, and all required inoculations. The resident must make reasonable efforts to keep their unit free of flea infestation.
5. HOUSEKEEPING. The resident pet owner will be subject to the housekeeping standards required of all residents, AT ALL TIMES. NO CONSIDERATION WILL BE GIVEN TO UNACCEPTABLE HOUSEKEEPING DUE TO PET OWNERSHIP.
6. DAMAGES. Any damages to the interior or exterior of the resident pet owner's assigned dwelling unit will be the responsibility of the resident pet owner. Damages to other Housing Authority property or other residents property will be the responsibility of the resident pet owner if caused by the resident's pet. Repeated occurrences could result in cancellation of the resident's Pet Permit, or in certain cases, termination of the resident's lease.
7. PET SUPERVISION AND TREATMENT. The resident shall not leave a pet outside the dwelling unit tied to any structure or porch without supervision. The resident shall not allow any pet to be tied to trees, shrubs, electrical wires, cables or other fixtures at any time. The resident shall maintain the pet responsibly and, at all times, in accordance with applicable State and Local public health, animal control, and animal anti-cruelty laws and regulations.

8. EXERCISE AREAS. There are no designated exercise areas except for the streets within the community. Any waste deposited by pets while utilizing the streets for exercising must be immediately disposed of in a plastic bag and placed in one of the community's dumpsters. Residents failing to dispose of waste properly or failing to remove waste are responsible for the costs of proper disposal. Repeated failures could result in cancellation of the resident's Pet Permit.
9. RESIDENTS SHALL NOT BUILD OR OTHERWISE ALTER THE INTERIOR OR EXTERIOR OF THEIR DWELLING UNIT TO CREATE AN ENCLOSURE FOR THEIR PET.
10. RESTRAINT. Residents will properly restrain their animals at all times when outside the dwelling unit and on Housing Authority property. Residents must comply with local leash laws.
11. LITTER BOXES/HOUSE TRAINING. Residents must provide and keep clean and odor free, litter boxes in their dwelling unit in cases involving cats or other pets, which require litter boxes. Dogs must be house trained. Bird cages and other cages must be kept clean and odor free. Birds allowed outside cages must be house trained.
12. INSPECTIONS. Pet owners agree to quarterly inspections to ensure compliance with this policy. In addition, if there is a reasonable basis to believe that the resident is not complying with this policy, an inspection may be performed more often.
13. MAXIMUM NUMBER OF PETS; PROHIBITED PETS. No resident is allowed more than one pet, EXCEPT, a maximum of two birds or an aquarium with a maximum 20-gallon capacity is allowed. PETS SHALL NOT EXCEED 40 POUNDS AT MATURITY.

THE FOLLOWING ANIMALS ARE NOT ALLOWED:

- Reptiles
- Birds of Prey
- Animals that would commonly be considered wild or dangerous.
- Animals of any species which endanger the health, safety or the rights of other residents.
- Any animal that is NOT considered to be a common household pet by the Housing Authority.

14. SPAY/NEUTERING. All female dogs over the age of 6 months, and all female cats over the age of 5 months, must be spayed. All male dogs over the age of 8 months and all male cats over the age of 10 months, must be neutered.

Any deviation from this requirement (for example, if health problems prevent the procedure) must be supported by an explanatory statement from a veterinarian licensed to practice in this State. In the event a pet gives birth to a litter, the resident must take IMMEDIATE and humane steps to reduce the number of pets to the permitted number as stated in this policy.

REGISTRATION AND RENEWAL OF PET PERMIT. Residents who have received approval of their application for a Pet Permit, shall register their pet with the Housing Management Office PRIOR to bringing the pet onto Housing Authority property. The following documents are required PRIOR to bringing the pet on the property and will be maintained in the resident's file (may be included in the application for the pet's permit).

1. A current color photo and description of the pet.
2. Name, address, and telephone number of the attending veterinarian.
3. Veterinarian's certificate(s) of spaying or neutering and current inoculations (rabies, distemper combination, parvovirus (dogs), feline leukemia testing (cats), feline VRC (cats) and other applicable inoculations).
4. Current licensing certificates (if applicable).
5. Names, address and telephone numbers of the alternate adult caretakers who will assume responsibility for the pet if the owner becomes incapable of doing so.
6. Provisions for emergency boarding.
7. Name of adult ultimately responsible for the pet.

The resident pet owner must update the veterinarian's certificate(s) of current inoculations annually and, if applicable, licensing certificates. The resident must notify the Housing Authority promptly of any changes in this information. If the pet is not mature in the photo, a new color photo must be provided at maturity.

TEMPORARY CHANGES The resident pet owner must promptly notify the Housing Management if the pet is temporarily placed with another family, providing the name, address and telephone number of the family receiving the pet within the community.

*The temporary family must comply with all terms of this Pet Policy, although the Pet deposit requirement is waived if the length of stay is less than two weeks.

ONLY PETS CLASSIFIED, AS “COMMON HOUSEHOLD PETS” WILL BE PERMITTED IN ASSISTED HOUSING UNITS. EACH APPLICATION WILL BE REVIEWED INDEPENDENTLY AND DECIDED UPON ON ITS OWN MERITS. THE FINAL DECISION RESTS WITH THE HOUSING AUTHORITY AND THE BEST INTEREST OF THE MAJORITY OF THE RESIDENTS WILL NORMALLY BE THE DETERMINING FACTOR.

RESIDENTS FOUND TO BE IN NON-COMPLIANCE WITH ANY PROVISION OF THIS POLICY ARE SUBJECT TO CANCELLATION OF THEIR PET PERMIT. IN EXTREME CASES, TERMINATION OF THE RESIDENT’S LEASE IS POSSIBLE.

EFFECTIVE THIS _____ DAY OF _____, 200_.

APPLICATION FOR PET PERMIT

I, _____, resident of the Eastern Carolina
Regional Housing Authority and residing at _____

and having been provided with a copy of the PET POLICY, and having the Policy explained to me, request that I be allowed to bring a pet into my dwelling unit.

I hereby apply for a Pet Permit and agree to abide by the terms and conditions of the PET POLICY and acknowledge receipt of a copy of that policy. I understand that the Housing Authority may revise the Pet Policy (which will be posted in the Housing Management Office and left at my residence), and that I am responsible for complying with any changes. The following information is submitted in connection with this request:

1. Type of pet (dog, cat, bird, etc.)_____.
2. If a dog, breed or believed breeds:_____.
3. Size (weight): Current_____; anticipated mature weight*_____.
4. Age: _____.
5. A current color photo and other identification data_____
6. Current Veterinary certificates including:
 - Spaying/neutering_____
 - Rabies tag no._____
 - Distemper combination_____
 - Parvo Virus (dogs) _____
 - Feline leukemia test (cats)_____
 - Feline VRC (cats)_____
 - Other applicable inoculations (list)_____
7. Current license(s) certificates in compliance with State and Local Laws and Ordinances (list)_____

8. Alternate caretaker:
 - Name:_____
 - Address:_____
 - Telephone:_____

The Alternate Caretaker must agree, in writing, to assume the responsibility of the pet if called upon to do so. See below statement of agreement.

9. Information regarding emergency boarding accommodations.

Name of Facility: _____

Location: _____

Telephone: _____

10. Information regarding short term ownership:

11. Veterinarian's Name: _____

Address: _____

Telephone: _____

12. Evidence of insurance or availability of insurance: _____

I DO HEREBY ACCEPT ULTIMATE RESPONSIBILITY FOR THE PET LISTED IN
ITEMS 1-9 ABOVE AND AGREE TO NOTIFY THE HOUSING AUTHORITY
PROMPTLY OF ANY CHANGES.

RESIDENT: _____ DATE: _____

ALTERNATE CARETAKER: _____ DATE: _____

FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL RESULT IN
DISAPPROVAL OF THE REQUEST.

*Anticipated size at maturity must be confirmed in writing by a veterinarian.

PET PERMIT

BASED ON THE INFORMATION AND CERTIFICATIONS PROVIDED
BY THE BELOW NAMED RESIDENT, AND HAVING RECEIVED
\$ _____ WHICH IS DESIGNATED AS ___ FULL OR ___ PARTIAL

PAYMENT OF THE NONREFUNDABLE PET DEPOSIT. PERMISSION IS HEREBY GRANTED TO:

NAME: _____

ADDRESS: _____

TO PROVIDE ACCOMMODATIONS FOR THE PET DESCRIBED IN THE APPLICATION FOR A PET PERMIT UNTIL SUCH TIME AS THIS PERMIT IS REVOKED IN ACCORDANCE WITH THE PROVISIONS OF THE PET POLICY, A COPY OF WHICH HAS BEEN PROVIDED THE RESIDENT.

SIGNATURE ECRHA OFFICIAL

TITLE

DATE