

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2007 (10/1/07 – 9/30/08)

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

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Winston-Salem

PHA Number: NC012

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: 2195

ACC units: 1351 Number of S8 units: Number of public housing units:

Number of S8 units: 4448

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

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website

Other (list below)

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

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

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

The PHA's mission is: (state mission here)

To provide adequate, affordable, viable, quality housing and community supportive services emphasizing self-sufficiency for all residents through collaborations with local agencies, thereby, creating sustainable neighborhoods and improving the quality of life for our residents

B. Goals

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

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

PHA Goal: Expand the supply of assisted housing

Objectives:

Apply for additional rental vouchers:

Reduce public housing vacancies:

Leverage private or other public funds to create additional housing opportunities:

Acquire or build units or developments

Other (list below)

PHA Goal: Improve the quality of assisted housing

Objectives:

Improve public housing management: (PHAS score) 91

Improve voucher management: (SEMAP score) 100

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)

Annual PHA Plan
PHA Fiscal Year 2007
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

PHA Annual Plan Executive Summary
Fiscals Year October 1, 2007 –September 30, 2008

The Housing Authority of the City of Winston-Salem's core business is providing well maintained residential units and providing affordable homeownership opportunities for our community. We foster an atmosphere of professional, courteous and friendly service to our clients. The goal of the Housing Authority of the City of Winston-Salem is to move to the next level of services and programs that promote a safe and secure environment for all of our residents.

The Housing Authority of Winston-Salem will continue to follow HUD mandates and HUD rules and regulations in our spending practices.

We have in place a private model management plan. Our housing operations have been moved to a site-based asset management design. All maintenance, applications, recertification, and management are located in each development.

We are a unique Housing Authority because we offer supportive services to aid our residents in becoming self sufficient. Some of the programs include homeownership programs, the William H. Andrews/HAWS Scholarship program, on-site computer labs that provide computer training through the MIS department/Neighborhood Network, youth programs, teen centers, after school tutoring, golf, basketball, cheerleading, artistic expression, site Food Bank services, and wellness centers in our communities. There are collaborative efforts between the Center for Community Safety, the Center for Homeownership and many other organizations in Winston-Salem that are helping our residents improve life skills, education, and job training.

The goal of our 2007-2008 PHA is to strive to improve the quality of life for all of our residents and adhere to our mission statement: to provide adequate, affordable, viable quality housing and community supportive services emphasizing self-sufficiency for all residents through collaborations with local agencies, thereby, creating sustainable neighborhoods and improving the quality of life for our residents.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

	<u>Page #</u>
Annual Plan	
i. Executive Summary	
ii. Table of Contents	
1. Housing Needs	6
2. Financial Resources	25
3. Policies on Eligibility, Selection and Admissions	26
4. Rent Determination Policies	35
5. Operations and Management Policies	40
6. Grievance Procedures	41
7. Capital Improvement Needs	42
8. Demolition and Disposition	44
9. Designation of Housing	45
10. Conversions of Public Housing	47
11. Homeownership	48
12. Community Service Programs	
50	
13. Crime and Safety	52
14. Pets (Inactive for January 1 PHAs)	55
15. Civil Rights Certifications (included with PHA Plan Certifications)	55
16. Audit	55
17. Asset Management	55
18. Other Information	56

Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2006 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members
- List of Resident Board Member
- Community Service Description of Implementation
- Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

Optional Attachments:

- PHA Management Organizational Chart
- FY 2006 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
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), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	income mixing analysis	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input 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 type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" 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	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
X	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Results of the latest Public Housing Assessment System (PHAS) Assessment	
X	Follow up Plan to Results of the PHAS Resident Satisfaction Survey	

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	5154	5	3	3	n/a	3	3
Income >30% but <=50% of AMI	3426	3	3	3	n/a	3	3
Income >50% but <80% of AMI	1709	3	2	3	n/a	2	3
Elderly	2456	3	1	2	3	1	3
Families with Disabilities	1500	3	5	2	3	2	2
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s: **Winston-Salem, Forsyth County**
Indicate year: **2004-2008**
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input 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	2705		18%
Extremely low income <=30% AMI	2597	96%	
Very low income (>30% but <=50% AMI)	97	4%	
Low income (>50% but <80% AMI)	11	<1%	
Families with children	1626	60%	
Elderly families	114	4%	
Families with Disabilities	404	15%	
Black/Non-hispanic	2253	83%	
Black/Hispanic	19	<1%	
White/Non-hispanic	346	13%	
White Hispanic	62	2%	
Unknown	25	<1%	
Characteristics by Bedroom Size (Public Housing)			

Housing Needs of Families on the Waiting List			
Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? Since October, 2004			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" 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 checked="" type="checkbox"/> Yes PBV, Mainstream, and FUP when available			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Piedmont Park			
	# of families	% of total families	Annual Turnover
Waiting list total	116		75%
Extremely low income <=30% AMI	111	96%	
Very low income (>30% but <=50% AMI)	4	3%	
Low income (>50% but <80% AMI)	1	<1%	
Families with children	40	34%	
Elderly families	0	0	
Families with Disabilities	9	8%	
Black/Non-Hispanic	89	77%	
Black/Hispanic	6	5%	
White/Non-Hispanic	2	2%	

Housing Needs of Families on the Waiting List			
White/Hispanic	0	0	
Unknown	19	16%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	58	50%	
2 BR	31	27%	
3 BR	24	21%	
4 BR	3	2%	
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Cleveland			
	# of families	% of total families	Annual Turnover
Waiting list total	151		75%
Extremely low income <=30% AMI	150	99%	
Very low income (>30% but <=50% AMI)	1	<1%	
Low income (>50% but <80% AMI)	0	0	
Families with	62	41%	

Housing Needs of Families on the Waiting List			
children			
Elderly families	0	0	
Families with Disabilities	15	10%	
Black/Non-Hispanic	126	83%	
Black/Hispanic	10	7%	
White/Non-Hispanic	7	5%	
White/Hispanic	2	1%	
Unknown	6	4%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	80	53%	
2 BR	59	39%	
3 BR	5	3%	
4 BR	7	5%	
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Townview Apartments			
	# of families	% of total families	Annual Turnover
Waiting list total	159		10%
Extremely low income <=30% AMI	151	95%	

Housing Needs of Families on the Waiting List			
Very low income (>30% but <=50% AMI)	7	5%	
Low income (>50% but <80% AMI)	1	<1%	
Families with children	137	86%	
Elderly families	1	<1%	
Families with Disabilities	18	11%	
Black/Non-Hispanic	145	91%	
Black/Hispanic	10	6%	
White/Non-Hispanic	3	2%	
White/Hispanic	1	<1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR	89	56%	
3 BR	70	44%	
4 BR			
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List
--

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
 Public Housing
 Combined Section 8 and Public Housing
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction: **Stoney Glen**

	# of families	% of total families	Annual Turnover
Waiting list total	27		20%
Extremely low income <=30% AMI	26	96%	
Very low income (>30% but <=50% AMI)	1	4%	
Low income (>50% but <80% AMI)		0	
Families with children	23	85%	
Elderly families	0	0	
Families with Disabilities	1	4%	
Black/Non-Hispanic	24	89%	
Black/Hispanic	0	0%	
White/Non-Hispanic	3	11%	
White/Hispanic	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR	27	100%	
3 BR			
4 BR			
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Sunrise Towers			
	# of families	% of total families	Annual Turnover
Waiting list total	133		40%
Extremely low income <=30% AMI	130	98%	
Very low income (>30% but <=50% AMI)	3	2%	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	4	3%	
Families with Disabilities	21	16%	
Black/Non-Hispanic	114	86%	
Black/Hispanic	5	4%	
White/Non-Hispanic	9	7%	
White/Hispanic	2	1%	
Unknown	3	2%	
Characteristics by Bedroom Size (Public Housing)			

Housing Needs of Families on the Waiting List			
Only)			
1BR	133	100%	
2 BR			
3 BR			
4 BR			
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Crystal Towers			
	# of families	% of total families	Annual Turnover
Waiting list total	70		30%
Extremely low income <=30% AMI	66	94%	
Very low income (>30% but <=50% AMI)	4	6%	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	4	6%	
Families with Disabilities	31	44%	
Black/Non-Hispanic	42	60%	
Black/Hispanic	0	0%	

Housing Needs of Families on the Waiting List			
White/Non-Hispanic	10	14%	
White/Hispanic	1	1%	
Unknown	17	25%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	70	100%	
2 BR			
3 BR			
4 BR			
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Healy Towers			
	# of families	% of total families	Annual Turnover
Waiting list total	8		100%
Extremely low income <=30% AMI	7	88%	
Very low income (>30% but <=50% AMI)	1	12%	
Low income (>50% but <80% AMI)	0	0%	

Housing Needs of Families on the Waiting List			
Families with children	0	0%	
Elderly families	1	12%	
Families with Disabilities	3	38%	
Black/Non-Hispanic	5	63%	
Black/Hispanic	0	0%	
White/Non-Hispanic	2	25%	
White/Hispanic	0	0	
Unknown	1	12%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	8	100%	
2 BR			
3 BR			
4 BR			
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Azalea Terrace			
	# of families	% of total families	Annual Turnover
Waiting list total	5		100%
Extremely low	5	100%	

Housing Needs of Families on the Waiting List			
income <=30% AMI			
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	0	0%	
Elderly families	5	100%	
Families with Disabilities	0	0%	
Black/Non-Hispanic	5	100%	
Black/Hispanic	0	0%	
White/Non-Hispanic	0	0%	
White/Hispanic	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	5	100%	
2 BR			
3 BR			
4 BR			
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List	
Waiting list type: (select one)	
<input type="checkbox"/>	Section 8 tenant-based assistance
<input type="checkbox"/>	Public Housing
<input type="checkbox"/>	Combined Section 8 and Public Housing
<input checked="" type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction: Aster Park	

Housing Needs of Families on the Waiting List			
	# of families	% of total families	Annual Turnover
Waiting list total	24		75%
Extremely low income <=30% AMI	24	100%	
Very low income (>30% but <=50% AMI)	0		
Low income (>50% but <80% AMI)	0		
Families with children	13	54%	
Elderly families	0		
Families with Disabilities	0		
Black/Non-Hispanic	24	100%	
Black/Hispanic	0	0	
White/Non-Hispanic	0	0	
White/Hispanic	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	11	46%	
2 BR	12	50%	
3 BR	0	0%	
4 BR	1	4%	
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List
--

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
 Public Housing
 Combined Section 8 and Public Housing
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction: **Arbor Oaks**

	# of families	% of total families	Annual Turnover
Waiting list total	16		75%
Extremely low income <=30% AMI	16	100%	
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	16	100%	
Elderly families	0	0	
Families with Disabilities	0	0%	
Black/Non-Hispanic	16	100%	
Black/Hispanic	0	0%	
White/Non-Hispanic	0	0%	
White/Hispanic	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR	16	100%	
3 BR	0	0%	
4 BR	0	0%	
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Alders Point			
	# of families	% of total families	Annual Turnover
Waiting list total	4		100%
Extremely low income <=30% AMI	4	100%	
Very low income (>30% but <=50% AMI)	0	0	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	4	100%	
Families with Disabilities	0	0	
Black/Non-Hispanic	4	100%	
Black/Hispanic	0	0	
White/Non-Hispanic	0	0	
White/Hispanic	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	4	100%	

Housing Needs of Families on the Waiting List			
2 BR			
3 BR			
4 BR			
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input checked="" type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Providence Place			
	# of families	% of total families	Annual Turnover
Waiting list total	16		80%
Extremely low income <=30% AMI	8	50%	
Very low income (>30% but <=50% AMI)	8	50%	
Low income (>50% but <80% AMI)	0	0	
Families with children	0	0	
Elderly families	2	13%	
Families with Disabilities	0	0	
Black/Non-Hispanic	16	100%	
Black/Hispanic			
White/Non-Hispanic			
White/Hispanic			
Characteristics by			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)			
1BR	10	63%	
2 BR	6	37%	
3 BR	0		
4 BR			
5 BR			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Maintain 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. **Currently have a working preferences in public housing**
- 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 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2006 grants)		
a) Public Housing Operating Fund	\$1,913,103.00	Operating Public Housing
b) Public Housing Capital Fund	\$2,295,529.00	Public Housing Capital Improvements
c) HOPE VI Revitalization	\$8,097,111.00	Construction for Phase III(HHG) & 82-HO(KPT)
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	23,626,560.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
g) Resident Opportunity and Self-Sufficiency Grants	\$292,236.00	Supportive Services for PH residents & FSS Coordinator
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
Section 8 FSS Coordinator	\$52,030.00	Section 8 Supportive Services
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2004 Capital Funds	\$560,136.00	Public Housing Capital Improvements
2005 Capital Funds	\$287,700.00	Public Housing Capital Improvements
2006 Capital Funds	\$1,840,928.00	Public Housing Capital Improvements
2005 Replacement Housing	\$357,179.94	Replacement Public Housing
2006 Replacement Housing	\$678,746.00	Replacement Public Housing
3. Public Housing Dwelling Rental Income	\$1,412,733.00	Public Housing Operations
4. Other income (list below)		
Other Operating Income	\$36,000.00	Operating Expense
4. Non-federal sources (list below)		
Total resources	\$41,449,992.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

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: **30-60 days**
- Other: (describe)

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) – **Landlord References**

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

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

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

(2) Waiting List Organization

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

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

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

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

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

1. How many site-based waiting lists will the PHA operate in the coming year?**13**

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? **As many as they qualify**

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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) **House Rules**

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

- a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
- b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- Adoption of site-based waiting lists
If selected, list targeted developments below:
 - Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
 - Employing new admission preferences at targeted developments
If selected, list targeted developments below:
 - Other (list policies and developments targeted below)
- d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- Additional affirmative marketing
 - Actions to improve the marketability of certain developments
 - Adoption or adjustment of ceiling rents for certain developments

- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below) **Skip applicants on wait list to meet 40% targeting rule.**

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

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

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

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

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

- Criminal or drug-related activity
 Other (describe below) **Previous landlord history while participating on the Section 8 Program**

(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: **Emergency reasons**

(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) Notices to agencies and word of mouth.

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

- \$0
 \$1-\$25
 \$26-\$50

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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below) **None**

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) N/A

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) **They must report income increases if they had previously reported an income decrease since their last annual re-exam.**

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

- At or above 90% but 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) **Reduced funding by HUD**

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

- \$0
- \$1-\$25
- \$26-\$50

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1351	35%
Section 8 Vouchers	4150	10%
Section 8 Certificates		
Section 8 Mod Rehab	228	50%
Special Purpose Section 8 Certificates/Vouchers (list individually)	Mainstream 73	5%
Public Housing Drug Elimination Program	N/A	

(PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Management: (list below)
Admissions and Continued Occupancy Plan
- (2) Section 8 Management: (list below)
Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
 - PHA main administrative office
 - PHA development management offices
 - Other (list below)

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

7. Capital Improvement Needs [24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Attachment I

-or-

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

(2) Optional 5-Year Action Plan

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

- a. Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
- b. If yes to question a, select one:
- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)
- or-
- The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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

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

1. Development name: **Kimberly Park Terrace and Happy Hill Gardens**
2. Development (project) number: **NC19URD-012-1197 and NC19URD-012-1102**
3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

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

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

Kimberly Park Terrace HOPE VI Revitalization construction of 82 on-site single-family homes, 27 offsite single-family homes, 19 on-site single-family homes, and 14 off-site single-family homes.

Happy Hill Gardens Homeownership construction of 59 on-site single-family homes, 47 on-site townhouse units, 42 off site townhouse units, and 20 off site single-family homes.

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

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

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	

4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: Healy Towers
1b. Development (project) number: 012
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>

<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: (06/10/2005)</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected: 105</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
<p>1a. Development name: Azalea Terrace</p> <p>1b. Development (project) number: 030</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: (06/10/2005)</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>7. Number of units affected: 50</p> <p>7. Coverage of action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
<p>1a. Development name: Alders Point</p> <p>1b. Development (project) number: 034</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p>

<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: (06/10/2005)</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>8. Number of units affected: 50</p> <p>7. Coverage of action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
<p>1a. Development name:</p> <p>1b. Development (project) number:</p>
<p>2. What is the status of the required assessment?</p> <p><input type="checkbox"/> Assessment underway</p> <p><input type="checkbox"/> Assessment results submitted to HUD</p> <p><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)</p> <p><input type="checkbox"/> Other (explain below)</p>

3. Yes No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)

4. Status of Conversion Plan (select the statement that best describes the current status)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for

each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 12/04/03

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

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

Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Resident Training Program	4	Other-Apply	2 family developments	Public Housing
Section 8 FSS	75	Selection Criteria	PHA Main Office	Section 8
HOPE VI FSS	198	HOPE VI Client	PHA Main Office	PHA/HOPE VI
Teen Center Program Assistants	3	Other-Apply	3 family developments	Both

ROSS Grant-Family Model	25	Selection Criteria	PHA Main Office	Public Housing
Public Housing FSS	25	Selection Criteria	Development Office	Public Housing

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 04/01/2007)
Public Housing	N/A	25
HOPE VI	N/A	198
Section 8	75	75

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

Piedmont Park
Cleveland Avenue
Sunrise Towers
Crystal Towers

Healy Towers
Stoney Glen
Townview Apartments

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

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

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

2. Which developments are most affected?

Piedmont Park, Cleveland Avenue, Stoney Glen, Healy Towers, Crystal Towers, Sunrise Towers, and Townview.

C. Coordination between PHA and the police

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

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

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

Piedmont Park
Cleveland Avenue
Sunrise Towers
Crystal Towers
Healy Towers
Stoney Glen
Townview Apartments

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

- 1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
- 2. Yes No: Was the most recent fiscal audit submitted to HUD? **FYE 9/30/05**
- 3. Yes No: Were there any findings as the result of that audit?
- 4. Yes No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? ____
- 5. Yes No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

- 1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and

other needs that have **not** been addressed elsewhere in this PHA Plan?

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

- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below) **Converted to asset based management in 2004**

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

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

- Attached at Attachment H
- Provided below:

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

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)

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

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

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

3. Description of Resident Election Process

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

- Candidates were nominated by resident and assisted family organizations
 Candidates could be nominated by any adult recipient of PHA assistance
 Self-nomination: Candidates registered with the PHA and requested a place on ballot
 Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
 Any head of household receiving PHA assistance
 Any adult recipient of PHA assistance
 Any adult member of a resident or assisted family organization
 Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
 Representatives of all PHA resident and assisted family organizations
 Other (list)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: Winston-Salem/Forsyth County
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
- Providing expanded access to home ownership by first-time home buyers through multiple 2nd mortgage financing program options,
 - Providing interim acquisition and permanent infrastructure financing for HOPE VI developments,
 - Providing financial assistance to address special population needs--the homeless, former substance abusers, and persons with AIDS
 - Committing to provide \$2,100,000 for Phase 3 of the Kimberly Park HOPEVI development (Arbor Oaks Community and Single family detached homes)
 - Committing first time homebuyer funds for HOPE VI homeownership phases.

D. Other Information Required by HUD

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

Substantial Deviation from the 5-year Plan and Significant Amendment or Modification to the Annual Plan will defined as:

Any substantial deviation from the Missions Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to the residents or significant changes to the Agency's financial situation will be documented in subsequent Agency Plans. An exception to this definition will be made for revisions that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by the Housing Authority.

The Housing Authority of the City of Winston-Salem has adopted the HUD standards for reporting significant deviations or amendments according to Notice 99-51.

Attachments

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

- Attachment A – Admissions Policy for Deconcentration
- Attachment B – PHA Organizational Chart
- Attachment C – Resident Board Members Information
- Attachment D – Pet Policy
- Attachment E – Homeownership Capacity
- Attachment F – Resident Assessment Survey Follow Up
- Attachment G – Project-Based Voucher Program
- Attachment H – Comments of Resident Advisory Board
- Attachment I – FY 2006 Capital Fund Program Annual
- Attachment J- Community Service and Self-Sufficiency Requirement Policy
- Attachment K – Assessment of Demographic Changes Since Site Based Waiting Lists Implementation
- Attachment L - Statement regarding Domestic Violence
- Attachment M – CFG P&E 2003
- Attachment N – CFG P& E 2003 Additional
- Attachment O – CFG P&E 2004
- Attachment P – CFG P&E 2005
- Attachment Q – RHF P&E 2005
- Attachment R – CFG P&E 2006
- Attachment S – RHF P&E 2006

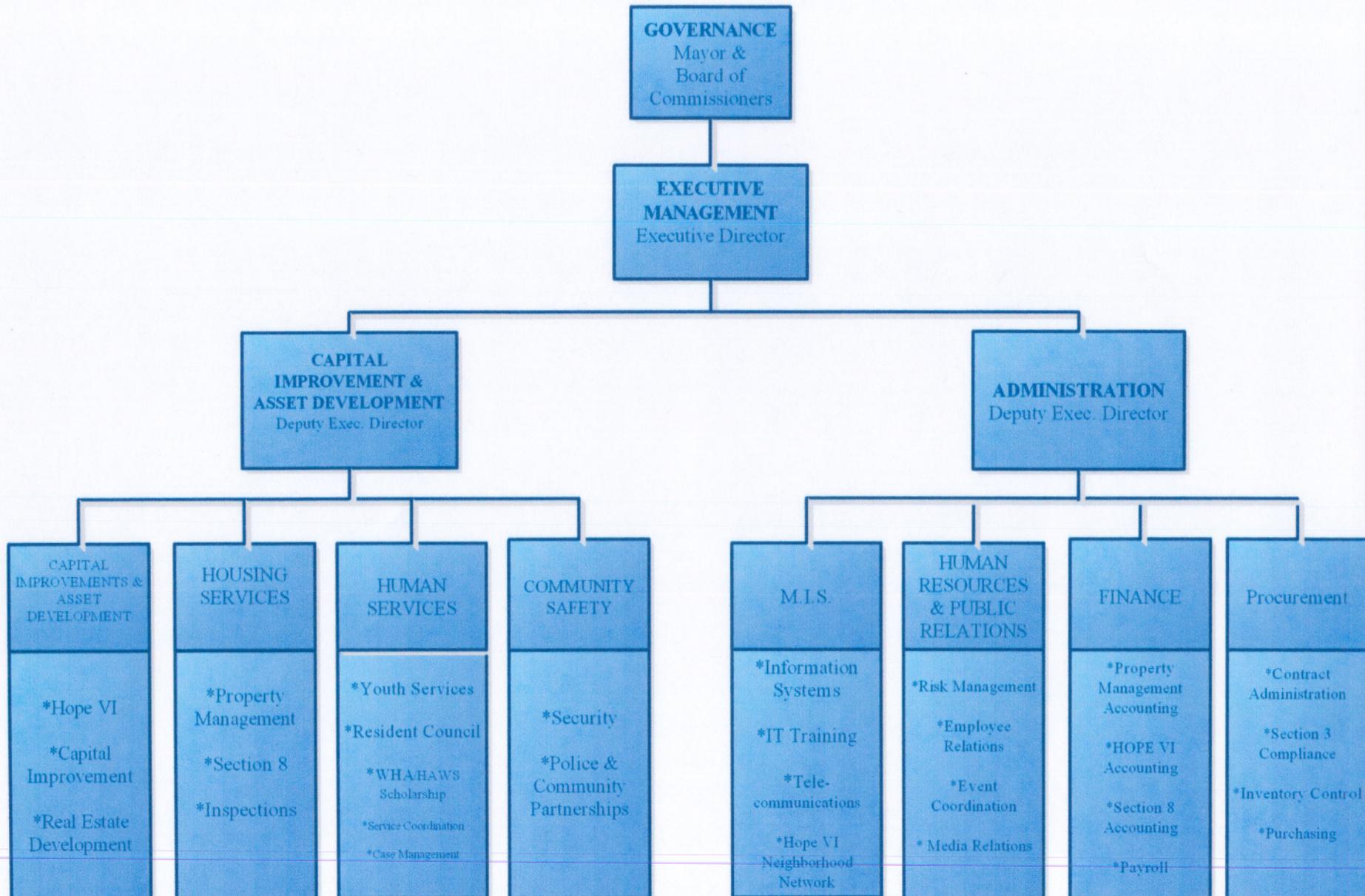
Deconcentration Rule

- A. Objective: The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the housing authority is to house no less than 40 percent of its public housing inventory with families that have income at or below 30 percent of the area median income by public housing development. Also, the housing authority will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the housing authority does not concentrate families with higher income levels, it is the goal of the housing authority not to house more than 60 percent of its units in any one development with families whose income exceeds 30 percent of the area median income. The housing authority will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the housing authority's computer system.
- B. Actions: To accomplish the deconcentration goals, the housing authority will take the following actions:
- i. At the beginning of each housing authority fiscal year (October 1st), the housing authority will establish a goal for housing 40 percent of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40 percent of the total number of move-ins from the previous housing authority fiscal year.
 - ii. To accomplish the goals of:
 - (a) housing not less than 40 percent of its public housing inventory on an annual basis with families that have incomes at or below 30 percent of area median income, and
 - (b) not housing families with incomes that exceed 30 percent of the area median income in developments that have 60 percent or more of the total household living in the development with incomes that exceed 30 percent of the area median income, the housing authority may implement one or more of the following:
 - Skip over certain families on the waiting lists based on incomes;
 - Utilize affirmative marketing efforts and promotion of supportive services/amenities (i.e. after-school tutorial, 24-hour emergency maintenance, etc.) to encourage new applicants with appropriate income levels;
 - Consult and inform applicants on the waiting list of deconcentration goals;
 - Utilization of the working and FSS preferences.

HAWS ORGANIZATION CHART

As of March, 2007

CORE OPERATIONS



RESIDENT BOARD COMMISSIONER MEMBER

The Mayor of the City of Winston-Salem appoints residents of HAWS as board commissioners.

Ms. Doris Kimbrough was appointed on July 25, 2001. Ms. Kimbrough's term is up in July, 2007.

Ms. Yvonne Jefferson was appointed on December 5, 2005. Ms. Jefferson's term is up in July, 2010.

THE HOUSING AUTHORITY OF THE CITY OF WINSTON-SALEM PET POLICY

Residents of the Housing Authority of the City of Winston-Salem (HAWS) may own and keep household pets as set forth in HAWS Pet Rules and policies.

The Pet Rules and policies for the Housing Authority of the City of Winston-Salem herein referred to as PHA, has been developed in accordance with HUD regulations and in accordance with the Quality and Work Responsibility Act of 1998.

The Pet Rules for this PHA are incorporated into this policy. The rules adopted by the PHA are reasonably related to the legitimate interest of the PHA, including:

The PHA's interest in providing decent safe and sanitary living environment for existing and prospective residents;

Protecting and preserving the physical condition of the development;

The PHA's financial interest in the development, and;

The PHA shall permit the maintenance of a common household pet by residents who currently reside in the PHA sites.

I. SELECTION CRITERIA

A. Management Approval

Prior to a pet being accepted for keeping in an apartment within the PHA, the proposed owner must prepare and submit an "Application to Keep a Pet" to the PHA. The Resident/Pet Owner and the PHA must enter a "Pet Agreement".

In Addition to executing the Agreement, the Resident/Pet Owner must provide to the PHA documented proof of the proposed pet health, suitability, and acceptability in accordance with the provisions outlined in "Standards".

Pets must be registered with the PHA before the pet is brought onto the development premises and annually thereafter.

Registration Includes:

1. Certificate signed by licensed veterinarian or designate State or Local authority *or* agent stating that the pet has received all inoculations required by State or Local law.
2. Statement signed by a licensed veterinarian that the animal is in good health, has no communicable diseases or pests and, in the case of dogs and cats, is spayed or neutered. Cats must also be declawed.
3. Name, address and telephone number of one or more responsible parties to care for the pet if the owner dies, is incapacitated or unable to care for the pet.
4. Execution of a Pet Agreement, stating that the Resident accepts complete responsibility for the care and cleaning of the pet and acknowledges the applicable rules.
5. Pet must be licensed in accordance with applicable State and Local law and regulations.

Registration will be coordinated with the annual reexamination date.

Approval for the keeping of a pet shall not be extended until the requirements specified above have been met, and in no event will approval of other than the common household pet be extended.

B. Management Disapproval

The PHA shall refuse to register the pet if:

1. The pet is not a common household pet identified more specifically in the policy:
2. Pet Owner fails to provide complete pet registration information or fails annually to update the registration; and/or
3. The PHA reasonably determines, based on the pet owners habits and practices, that the Pet Owner will be unable to keep the pet in compliance with the Pet Rules and other lease obligations. The pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

C. Standards

Common household pets as outlined below will be permitted under the following guidelines:

1. Dogs

Maximum number – One (1)
Maximum adult weight- 25 pounds
Must be housebroken
Must be spayed or neutered
Must have all required inoculations
Must be licensed as specified now or in the future by State law and local ordinance

2. Cats

Maximum number – One (1)
Must be declawed
Must be spayed or neutered
Must have all required inoculations
Must be trained to use a litter box or other waste receptacle
Must be licensed as specified now or in the future by State law and local ordinance

3. Birds

Maximum number – One (1)
Must be enclosed inside a cage at all times

4. Fish

Maximum aquarium size – 20 gallons
Must be maintained on approved stand

5. Rodents (only rabbit, guinea pig, hamster, or gerbil)

Maximum number – one (1)
Must be enclosed inside an acceptable cage at all times
Must have any or all inoculation now or in the future required by State law or local ordinance

6. Turtle

Maximum number – one (1)
Must be enclosed in an acceptable cage or container at all times

7. No pets other than specified may be kept by a resident

8. Only one four-legged warm-blooded pet will be allowed per unit

9. Failure to properly register and to provide the specified proof of the proposed pets prior to a pet being bought into the residents' apartment shall result in the initiation of an action to remove the pet and to evict the resident.
10. These rules do not apply to or restrict animals that are used to assist the disabled (service animals)

II. PET DEPOSIT

A. The Resident/Pet Owner shall be required to pay to the PHA a refundable deposit as defined below:

1. Dog or Cat

- a. Upon registration, the owner is required to make a pet deposit and fee of Three Hundred Dollars (\$300.00). Resident agrees to pay Three Hundred Dollars (\$300.00) of which Two Hundred Dollars (\$200.00) is non-refundable. The Two Hundred Dollar (\$200.00) non-refundable fee is not applied to any damages done by the pet; it is for reasonable operating costs. One Hundred Dollars (\$100.00) of the paid deposit shall be refunded when the Resident moves out or when the resident no longer keeps a pet, whichever is earlier and there are no damages associated with the unit.

In addition, there is a monthly rent fee of \$10.00 for each pet.

- b. The deposit shall be paid in either a lump sum or an initial payment of \$200.00 on or prior to the date the pet is properly registered and brought into the apartment. The monthly payments in an amount of no less than \$50.00 must be paid at rent-due time until the specified deposit has been paid.

2. All Other Allowable Pets

- a. A deposit of \$75.00 shall be made for the purpose of defraying all reasonable costs directly attributable to the presence of the pet.
- b. The deposit of \$75.00 shall be paid in full on or prior to the date the pet is properly registered and brought into the apartment.

The PHA reserves the right to change or increase the required deposit by amendment to these rules.

B. All reasonable expenses incurred by the PHA as the result of damages directly attributable to the presence of the pet in the development shall be the responsibility of the Resident/Pet Owner including:

1. Cost of repairs and replacement to Residents' dwelling unit
2. Fumigation of Residents' dwelling unit

Such expenses as a result of a move-out inspection shall be deducted from the Pet Deposit at move-out and the Resident/Pet Owner shall be billed for any balance due.

- C. The pet Deposit shall be refunded when the Resident moves out or when the Resident no longer keeps a pet whichever is earlier.
- D. Resident/Pet Owners' liability for damages caused by his or her pet is not limited to the amount of the Pet Deposit. While the Resident/Pet Owner is in occupancy, he or she will be required to reimburse the PHA for the real Cost of any and all damages caused by his or her pet.
- E. Legal cost to recover unpaid costs or expenses may be commenced if a properly prepared and outlined invoice is not honored.

III. PET RULES

- A. Pets must be maintained within the Resident/Pet Owner's unit. When outside the apartment, dogs and cat must be kept on a leash or carried and under the control of the Resident/Pet Owner or other responsible individual **AT ALL TIMES**. The pet must be fed and watered inside the dwelling unit; no pet food or water may be left outside the dwelling unit at any time. All other allowable pets must remain inside the unit at all times.
- B. Dogs should be walked (always on a leash) and curbed away from the buildings, sidewalks, streets, and other common walking areas. Resident/Pet Owner must carry a scoop and plastic bag when walking pet and clean up after the pet by placing waste in a tied plastic bag in the garbage. Under no circumstances will the pet be allowed to go near the shrubbery and or trees located on the property.
- C. Litter Box Requirements for Cats: litter from litter boxes shall be disposed of in sealed plastic trash bags and placed in a dumpster or other PHA specified garbage areas on the grounds of the development.
- Litter shall be changed at least twice weekly and 'waste shall be separated from the litter daily.
- Litter shall not be disposed of by being flushed through a toilet. Charges for unclogging the toilet due to the improper disposal of pet waste shall be billed to the Resident/Pet Owner.
- Litter boxes shall be kept INSIDE the Resident/Pet Owners dwelling unit at all times.
- D. Resident/Pet Owner shall assume sole responsibility for liability arising from injury sustained by any person attributable to their pet.
- E. Resident/Pet Owner agrees to control the noise of his/her pet so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their apartments. Failure to control pet noise may result in the removal of the pet from the premises and or lease termination.
- This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.
- F. Any pet that causes bodily injury to any resident, guest, staff member, or other authorized person on the premises, shall be immediately and permanently removed from the premises without prior notification.
- G. No pet shall be left unattended in any apartment for a period in excess of 12 hours, except for fish.
- H. All Resident/Pet Owners shall be responsible for adequate care, nutrition, exercise, and medical attention for his/her pet.
- I. Resident/Pet Owner must be aware and recognize other residents may have chemical sensitivities or allergies related to pets, or may easily be frightened and/or disoriented by animals. The Resident/Pet Owner agrees to use common sense and common courtesy with respect to such other residents' right to the peaceful and quiet enjoyment of common areas and his/her apartment.
- J. Resident/Pet Owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.
- K. All dogs and cats must wear both a flea and a tick collar.
- L. Visiting pets, as well as pets of visitors, are **strictly prohibited**, with the exception of Service animals.
- M. Residents are prohibited from feeding or harboring stray animals. The feeding of stray animals shall constitute having a pet without the written permission of the PHA.
- N. The expense of de-infestation of fleas in the Resident/Pet Owners' apartment shall be the responsibility of the Resident/Pet Owner.
- O. A pet tag furnished by Resident/Pet Owner must be worn by dog or cat at all times identifying the owner and apartment number.

- P. Resident/Pet Owner shall not alter their unit, patio, unit area, or common area to create an enclosure for the animal.
- Q. If an approved pet gives birth to a litter, The Resident/Pet Owner must remove all pets from the premises except the approved pet.

IV. PET RULE VIOLATIONS

A. Violation Notice

If a determination is made which is based on objective facts supported by written statements, that a Resident/Pet Owner has violated a rule, written notice will be served on the Resident/Pet Owner.

The notice must contain a brief statement of the factual basis for the determination and the pet rule allegedly violated. -The notice also must state:

1. That the Resident/Pet Owner has **ten (10) days** from the date of receiving the notice to correct the violation
Or make a written request for a meeting to discuss the violation.
2. That the Resident/Pet Owner is entitled to be accompanied by another person of his or her choice at the meeting.
3. That the Resident/Pet Owner correct the violation, request a meeting, or appear at a requested meeting that may result in the initiation of procedures to terminate the pet owner tenancy.

B. Violation Meeting

If a Resident/Pet Owner request a meeting on a timely basis the PHA will establish a mutually agreeable time and a place for the meeting.

The meeting will be scheduled no later than **ten (10) days** from the effective date of service of notice of the pet rule violation, unless the pet owner agrees to a later date in writing.

The Resident/Pet Owner and the PHA will discuss the alleged violation at the meeting and attempt to correct it.

As a result of the meeting, the PHA may give the Resident/Pet Owner additional time to correct the violation.

C. Notice for Pet Removal

If the Resident/Pet Owner and the PHA are unable to resolve the violation in the allotted time, the PHA may serve notice to Resident/Pet Owner at or after the meeting to remove the pet.

The notice for pet removal must:

1. Contain a brief statement of the factual basis for the determination and the pet rule's that have been violated.
2. State that the Resident/Pet Owner must remove the pet within ten (10) days of the effective date of service of the notice of pet removal; and
3. State that failure to remove the pet may result in initiation of procedure to terminate the Resident/Pet Owner tenancy.

D. Termination of Tenancy

The PHA may initiate procedures for termination of the Resident/Pet Owner tenancy based on a pet rule violation if:

1. The pet owner has failed to remove the pet or correct a pet rule violation within the applicable time period specified; and
2. The pet rule violation is sufficient to begin procedures to terminate the Resident/Pet Owner tenancy under the terms of the lease and applicable regulations.

E. Pet Removal

If the health and/or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the procedures identified below will be followed. This includes pets that appear to be poorly cared for or which are left unattended for more than 12 hours.

The situation will be reported to the Responsible Party designated by the Resident/Pet Owner.

If the responsible Party(s) is/are unwilling or unable to care for the pet, or if the PHA despite reasonable efforts has been unable to contact the Responsible Party(s), the PHA may contact the appropriate State or local authority and request the removal of pet.

V. Responsible Parties

The Resident/Pet Owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner or by other factors that render the pet owner unable to care for the pet.

VI. Inspections

The PHA, after reasonable notice to the Resident/Pet Owner, may enter and inspect the premises, In addition to other allowable inspections

The PHA may enter and inspect the unit only if he or she has received a signed, written complaint alleging that the conduct or condition of the pet in the dwelling unit constitutes is unacceptable, a nuisance or threat to the health or safety of the occupants of the development or other persons in the community under applicable State or local law.

VII. Emergencies

- A. Vicious Animals: The PHA will be concerned about pets that become vicious or display symptoms of severe illness or demonstrate other behavior that constitutes an immediate threat to the health and safety of the tenancy as a whole.

The PHA will refer these cases to the State or local authority authorized under applicable state or local law to remove these pets that exhibit this behavior.

- B. Apartment Emergencies: In the event of any emergencies which requires response to a Resident/Pet Owner's unit by management or maintenance, fire, or medical personnel, responding personnel shall not be responsible for locating or returning pets who escape from the apartment during the emergency.

- C. Building Emergencies: In the event of a building emergency such as fire or flood (but not limited to these particular emergencies), the responding building personnel or outside building personnel (i.e. fire, management, or others) shall first evacuate residents and guest, and then, if possible pets. The PHA is not responsible for pets unable to be rescued in the event of such an emergency.

Homeownership Program Capacity

The Housing Authority of Winston-Salem originally implemented a HUD-certified Homeownership Institute designed to provide comprehensive homebuyer education to qualified participants (residents). This program assisted residents until October 2005. Curriculum consisted of topics and training that were specific to the home buying process. Sessions met monthly and were taught by industry professionals (attorneys, lenders, Realtors, certified housing counselors, etc.). Classes included Self-Improvement, Budgeting & Money Management, Credit, Home Maintenance and more. Over seventy-five HAWS residents have graduated from the institute. Sixteen of those graduates have purchased homes.

The Housing Authority of Winston-Salem is currently utilizing the supportive services of our partner agencies to aid in the process of removing resident barriers to self-sufficiency and preparing residents for homeownership. These agencies include (but are not limited to) the Center for Homeownership (C.H.O.), Experiment in Self Reliance's (ESR) IDA Program, North Carolina Cooperative Extension Agency, Consumer Credit Counseling Service (CCCS), and the City of Winston-Salem Housing & Neighborhood Development. Through our partner agencies, HAWS is utilizing the following plan to provide services to our residents throughout the home buying process. Residents of the housing authority are eligible to participate in the HAWS Homeownership Program. Our current process for homeownership:

- We begin with residents initially meeting with the Homeownership Coordinator to establish a rapport and receive introduction to the home buying process. Residents are also assessed as to whether they currently meet preliminary requirements for homeownership, their knowledge base of homeownership, and their needs in preparation for mortgage readiness. Time is also utilized to identify and clear up any outstanding balances due to HAWS, a current or former landlord, or other PHA.
- For those that do qualify, an application is completed and reviewed.
- A referral is provided to the resident and one-on-one counseling with Center for Homeownership (C.H.O.) is scheduled. If needed, a plan of action is implemented for credit repair and mortgage readiness. Additional assistance with budgeting, financial literacy and credit repair is offered by NC Cooperative Extension Agency and CCCS.
- Once residents have become mortgage ready, they attend a 1-day or 2-day Homebuyer Education Class, offered by C.H.O., which covers the main facets of the home buying process. Participants receive a certificate of completion at the end of the class.
- Residents are also given the option to apply for enrollment in the IDA Program hosted by Experiment in Self-Reliance. In 2006, four of our HAWS Section 8 residents that purchased homes, were graduates of the IDA Program.

- After residents have successfully graduated or received a Certificate of Completion from either homebuyer education program or class, they are considered mortgage-ready.
- The Homeownership Coordinator communicates with residents as often as needed. The coordinator attends all closings and continues contact with residents as needed after the purchase of their home. For HAWS residents under the Section 8 Program, a Section 8 Homeownership Specialist provides continued contact on an as-need basis.
- As a part of the resident's homeownership obligations to HAWS, each household must attend an approved workshop or counseling session on:
 - Post purchase and Home Maintenance
 - Default and Foreclosure

The Center for Homeownership

From January 2006 through December 2006, sixty-four (64) HAWS residents have received services from the Center for Homeownership. Thirteen of those sixty-four purchased their home in 2006. The remaining fifty-one are continuing to work on their mortgage readiness. The Center is a HUD Approved Comprehensive Housing Counseling Agency. Services offered by the Center for Homeownership:

- Homebuyer Education Workshop
- Pre-Purchase Analysis
- Mortgage Loan Pre-Qualification
- Credit Report Review & Analysis
- Credit Rebuilding
- Assistance with Budgeting
- Resource Center

Experiment in Self Reliance's IDA Program

The IDA Program has also been beneficial in the success of our residents pursuing homeownership. ESR's IDA Program has committed to providing the following curriculum through their program:

- Economic Literacy
- Tracking Spending, Cash Flow, & Budgeting
- Wise Use of Credit
- Banking & Credit Products
- Psychology of Money
- Reducing Debt
- Borrowing Money the Smart Way
- Investing for the Future & 401K
- Estate Planning
- Preparing for Homeownership
- Making Your Taxes Work for You
- Pre-Qualification Symposium
- Meet with lenders to review loan products available
 - Determine affordability (city and county programs)

- View housing opportunities (realtors & non-profit developers)

Participants in the IDA Program can open an Individual Development Account (IDA) to save money regularly for their down payment. The first \$1,000 of these funds receives a 2:1 or 4:1 grant match. Qualification for this program does require participants to be at least 18 years old, live in Forsyth County, have a stable source of income from wages, and meet ESR's IDA Program income guidelines.

Section 8 residents of the Housing Authority of Winston-Salem, can transition from rental into homeownership via their Section 8 voucher. Instead of using the voucher subsidy to help a family with rent, the homeownership option allows first-time home buyers to use voucher subsidy to meet monthly homeownership expenses. In addition, city and county first time homebuyer assistance programs will provide subordinate financing that will fill the gap between the reduced purchase price and what prospective homeowners can afford to borrow. Program applicants must meet specific income levels, so that they will be able to successfully obtain the required mortgage funds.

**Housing Authority of
the City of
Winston-Salem**

Memo

To: Larry Woods, Executive Director
From: Burnetta J. Evans, Assistant Director of Human Services
CC: Karen Durell, Director of Housing Services
Date: 03/29/07
Re: Resident Assessment Survey Follow-up



This memo is in response to the Resident Assessment Survey Results. Karen Durell and I contributed to the improvement plan.

The scores that were less than 75% and require an improvement plan are as follows:

Communication	69.5%
Housing Development Appearance	68%

Action Plan for Communication

- Continue to distribute HAWS Quarterly Newsletter to all residents of public housing
- Continue taking minutes at the Resident Council meetings and leave copies at the development office for residents to pick up.

Action Plan for Neighborhood Appearance

- Utilize capital funds to improve building appearance
- Management enforcement of grounds contract
- Management enforcement of white-backing policy for all windows

PROJECT-BASED VOUCHER PROGRAM

The Housing Authority of the City of Winston-Salem currently has the following project-based programs:

1. Azalea Terrace Apartments (KPT HOPE VI Project, Phase I) – 50 project-based units for the elderly. Under HAP Contract.
2. Aster Park Apartments (KPT HOPE VI Project, Phase II) – 88 project-based units for family. Under HAP Contract.
3. Arbor Oaks Apartments (KPT HOPE VI Project, Phase III) – 28 project-based units for family, with 8 of the 28 units being targeted to disabled. Under HAP Contract.
4. Mountain View Apartments (Kernersville Project) – 10 project-based units for the elderly, with 5 of the 10 units targeted for the disabled. Under HAP Contract.
5. Alders Pointe – (HHG HOPE VI Project, Phase I) – 50 project-based units for the elderly, with 10 of the 50 targeted for the disabled and/or homeless. Under HAP Contract.
6. Providence Place – (HHG HOPE VI Project, Phase II) – 28 project-based units for family, with 6 of the 28 targeted for the disabled and/or homeless. Under HAP Contract.
7. Pinecrest Apartments (Walkertown Development) – 20 project-based units for family, with 8 of the 20 units targeted for the disabled. Under AHAP Contract; completion projected for Spring, 2007.
8. Willows Peak (HHG HOPE VI Project, Phase III) – 53 project-based units for family, with 12 of the 53 targeted for the disabled. Under AHAP Contract; completion projected for Spring, 2007.

The Housing Authority of the City of Winston-Salem has committed, to date, a total of 327 units of project based assistance in 8 developments.

Attaching project-based assistance to these developments meets the housing authority's deconcentration goals.

**HAWS Resident Advisory Board (RAB) Meeting Minutes
April 25, 2007
10:00AM**

Staff Present: Larry Woods, Burnetta Evans, Thad Cook Alisa Tate, Karen Durell, Oscar Pilson, Toni Smalls

Resident Advisory Board Members Present: Doris Kimbrough, Gary Goings, Sonja McFarlin, Henry Ijames, Mattie Young, Valencia Sherrill

Ms. Kimbrough opened the meeting by asking Oscar Pilson to give us a prayer. Ms. Kimbrough turned the meeting over to Karen Durell. Karen advised the RAB that today we would be discussing the PHA Annual Plan. The entire group received a copy to read along with Karen. She discussed the Housing Statement of Needs. **Ms. Young had a question concerning the people on the waiting list. She wanted to know if the people on the waiting list at Cleveland Avenue Homes were working. Karen explained to her, the figures do not represent who is working or who is not. Henry Ijames ask what the age requirement at Crystal Towers is. Karen answered 62 years and over or the person has to be disabled. Ms. Kimbrough and Ms. McFarlin had the same question. At Healy Towers, it's strictly for the elderly and at Sunrise Towers the age is 18 years old. Another question that was asked was, where is Arbor Oaks. Karen answered it's in the first HOPE VI site near Azalea Terrace and Aster Park.**

Karen continued covering the Annual Plan talking about the Strategy for Addressing Needs, Financial Resources and other areas of the plan. Burnetta Evans informed the RAB that when people are living in other peoples household it is one of the hardest things to prove. Usually a manager will call the head of household in to their office and talk to resident. The manager will let the person know that management is aware of the situation. **Ms. Young asked what if a person is living in a household and is on the ban list? Burnetta answered that's a lease violation and police and the management need to know.** If management does not see the banned person who is living in the community then the resident who sees the person needs to be a witness in court.

Karen continued to discuss the Annual Plan. When she finished she ask if there were any questions. Ms. Kimbrough thought that if the high rises look more attractive they would attract more people to want to move in.

Henry Ijames wanted to know what are the resident training programs? Burnetta answered the programs are actually for the family communities. Also, he ask about the computer lab at Crystal Towers. He stated that it is not being utilized. Burnetta responded by saying there was a instructor and the participation was not there. It started out strong and then dwindled down to one person. It was becoming costly.

Valencia Sherrill had a question concerning the pet policy. She stated there is a resident that has had a dog for six months or more. Karen answered that there is a pet policy and went over it with her in the attachments of the Annual Plan.

Ms. Kimbrough asked if security cameras will be on each floor. Oscar Pilson said that in the future and right now they are looking for funding. Mr. Woods stated that he is not comfortable with the entry system to the high rises. He wants to give residents more security by installing cameras on each floor.

Ms. Kimbrough wanted to know if the house rules were still in effect. There is a problem with residents outside very late at night. Karen said that there needs to be spot checks at different times of the night to investigate this situation.

Ms. Kimbrough adjourned the meeting.

PHA Plan Table Library

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

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

Capital Fund Grant Number FFY of Grant Approval: (09/2007)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	459,106
3	1408 Management Improvements	459,106
4	1410 Administration	229,553
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	229,553
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	918,211
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	2,295,529
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
NC 12 – PHA Wide	Operations	1406	459,106
	Management Improvements: Computer Software Consultant-Standard	1408	459,106
	Operating Procedures: Security upgrades Staff Training Resident Training		
	Administrative: Salaries, Benefits, Sundry Adm	1410	229,553
	Fees and Costs	1430	229,553
	Interior Renovations(CAH)	1460	918,211

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

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

Part 12-D Community Service and Self Sufficiency Requirement Policy

1. The administrative steps being taken to implement the requirement:
 - **Changes in the public housing lease;**
The public housing lease has been revised to reflect the new Community Service and Self Sufficiency Requirement.
 - **Development of written description of service requirement;**
The Housing Services Department of the housing authority developed a policy on the Community Service Requirement that included: the purpose, the exemptions, the service requirements, family violations of requirements, administration of service requirements, resident compliance, and grievance procedures. The Community Service and Self-Sufficiency Requirement is intended to assist adult public housing residents in improving their own economic and social well being and give residents a greater stake in their communities
 - **Written notification to residents regarding requirement or exempt status of each adult family member;**
All residents were notified, in writing, on August 21, 2003 that the Community Service Requirement became effective July 31, 2003. An orientation was held at each public housing development and the orientation included a verbal presentation of the requirements as well as written materials.
 - **Entering into cooperative agreements with TANF (welfare) agencies to assist the PHA in verifying residents' status;**
There is an existing agreement with the Department of Social Services in verifying status of PHA residents who are receiving any TANF benefits.
 - **Whether the PHA or another entity will administer the program;**
The Housing Authority of the City of Winston-Salem is administering the program.
2. The programmatic aspects of the requirement:
 - **The types of activities that residents who are subject to Community Service Requirements may participate in to fulfill their obligations;**
Community Service activities shall include, but not limited to:
 1. Volunteer work in a local school, hospital, child care center, homeless shelter, or other community service organization;
 2. Working with youth organizations;
 3. Helping resident council and other neighborhood groups on special projects;

4. Participation in programs that develop and strengthen resident self-responsibility such as: Drug and alcohol abuse counseling and treatment, household budgeting and credit counseling;
5. GED or Post Secondary Education;
6. The Housing Authority Family Self-Sufficiency Program;
7. Other programs approved by the Housing Authority such as Mother WIT and The Community Family Advocate Program;
8. Apprenticeships and job readiness training;
9. Church volunteer activities

• **Which partner agencies may offer residents opportunities to fulfill requirements, and the process to cure noncompliance.**

Partner Agencies: Non Profit Senior Centers, Non Profit Child Care Centers, Non Profit Youth Organizations, Winston-Salem/Forsyth County Schools, Mother Wit, and HAWS Family Self-Sufficiency Program.

Process To Cure Non-Compliance: If the Housing Authority of the City of Winston-Salem (HAWS) determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation (noncompliant resident), the HAWS will notify the head of household of this determination. This notification will describe the noncompliance and state that the HAWS may not renew the lease upon expiration of the term unless:

- The resident and any other noncompliant resident, must enter into a written agreement with the HAWS, in the manner required by HAWS to become compliant by completing the additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve month term of the new lease; and
- The family provides written assurance satisfactory to HAWS that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the household.

The Housing Authority of the City of Winston-Salem will comply with the due process requirement outlined in Section 512 of the Quality Housing Work Responsibility Act of Community Service and Self-Sufficiency Requirement.

The resident may request a grievance hearing on the determination of noncompliance and may exercise any available judicial remedy for HAWS' non-renewal of the lease because of such determination.

**Assessment of Demographic Changes Since
Site-Based Waiting Lists Implementation**

The Housing Authority of the City of Winston-Salem implemented a system of site-based waiting lists in September 2003. Prior to September 2003, all applications were received at HAWS' Central Administrative offices. Since instituting this system of site-based applications, no change in demographical composition, based on the conversion to site-based waiting lists, has been noted in the waiting lists. In addition, the age, sex, and income of applicants have not shown any significant changes based on data submitted in HAWS' 2002 Annual PHA Plan.

PHA STATEMENT REGARDING DOMESTIC VIOLENCE

Summary:

Battered women and to a much lesser degree, battered men, and their families across the country are being discriminated against, denied access to, and even evicted from public, subsidized, and private housing because of their status as victims of domestic violence or the abuse perpetrated against them. Due to these situations, the Violence Against Women Act (VAWA) was signed into law on January 5, 2006. VAWA ensures that female and male victims have access to the criminal justice system without jeopardizing their current or future housing.

Goals, Objectives and Policies:

The Housing Authority of the City of Winston-Salem has notified all tenants of public housing and participants in the Section 8 program of their rights under VAWA. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease or other "good cause" for termination of the lease or assistance of such a victim. Criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of the lease or assistance if the tenant or an immediate member of the tenant's family is the victim or threatened victim of domestic, dating violence or stalking.

When responding to an incident or incidents of actual or threatened domestic violence or stalking that may affect a tenant's participation in a housing program, the Authority will request in writing that an individual complete, sign and submit, within 14 business days of the request:

1. form HUD-50066 Certification of Violence, Dating violence or Stalking, or
2. a self-certification that he/she is a victim of domestic violence, dating violence, or stalking, and that the incident or incidences in question are bona fide incidences of such actual or threatened abuse.

In addition, the tenant may be required to provide:

1. a federal, state, or local police record or court record, and/or
2. documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from which the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse.

If an individual does not provide the form HUD-50066, certification, and/or required documentation by the 14th business day (or any approved extension), none of the VAWA protections afforded to the victim of domestic violence, dating violence or stalking will apply.

Notwithstanding any restrictions on admission, occupancy, or terminations of occupancy or assistance, or any Federal, State or local law to the contrary, the Authority may "bifurcate" a lease, or otherwise remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove termination occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effective in accordance with the procedures prescribed by Federal, State, and local law for the termination of leases or assistance.

Nothing in this policy may be construed to limit the Authority to evict, or terminate assistance if it can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminated from assistance.

Annual Statement / Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Management Improvements							
	Resident Training	1408.00		38,186.00	38,186.00	38,186.00	38,186.00	
	Improve Security	1408.00		350,000.00	350,000.00	350,000.00	350,000.00	
	Staff Training	1408.00		19,814.00	19,814.00	19,814.00	19,814.00	
	Computer Software	1408.00		60,000.00	60,000.00	60,000.00	60,000.00	
	Administration					-	-	
	Salaries	1410.00		75,000.00	75,122.00	75,122.00	75,122.00	
	Fringe Benefits	1410.00		18,750.00	18,750.00	18,750.00	18,750.00	
	Travel	1410.00		2,000.00	1,233.00	1,233.00	1,233.00	
	Administrative Sundry	1410.00		5,000.00	5,645.00	5,645.00	5,645.00	
	Fees and Cost	1430.00		96,789.00	96,789.00	96,789.00	96,789.00	
Site Acquisition	1440.00		9,250.00	9,211.00	9,211.00	9,211.00		

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07 X

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

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

Previous Edition is obsolete

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Tree trimming & removal	1450.00		160,000.00	160,000.00	160,000.00	160,000.00	
	Erosion Corrections	1450.00		82,845.00	82,845.00	82,845.00	82,845.00	
	Landscape Improvements	1450.00		2,773.00	2,772.00	2,772.00	2,772.00	
	Underground Utility Repair	1450.00		15,373.00	15,373.00	15,373.00	15,373.00	
NC 12-12	Exteriors Renovation-HT	1460.00		31,601.00	95,494.00	95,494.00	95,494.00	
PHA Wide	Ranges & Refrigerators	1465.00		92,361.00	92,361.00	92,361.00	92,361.00	
	Downtown Office Renov	1470.00		404,209.00	340,295.00	340,295.00	340,295.00	
	Non-Dwelling Equip-Off Furn	1475.00		384,940.00	385,001.00	385,001.00	385,001.00	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07 X

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

Previous Edition is obsolete

Annual Statement / Performance and Evaluation Report

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

HA Name		Capital Fund Program Grant No.	Federal FY of Grant		
Housing Authority of the City of Winston-Salem		NC19P01250103	2003		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 10% of line 19)	-	-	-	-
3	1408 Management Improvements	468,000.00	468,000.00	468,000.00	468,000.00
4	1410 Administration	100,750.00	100,750.00	100,750.00	100,750.00
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	96,789.00	96,789.00	96,789.00	96,789.00
8	1440 Site Acquisition	9,250.00	9,211.00	9,211.00	9,211.00
9	1450 Site Improvement	260,991.00	260,990.00	260,990.00	260,990.00
10	1460 Dwelling Structures	31,601.00	95,494.00	95,494.00	95,494.00
11	1465.1 Dwelling Equipment - Nonexpendable	92,631.00	92,631.00	92,631.00	92,631.00
12	1470 Nondwelling Structures	404,209.00	340,295.00	340,295.00	340,295.00
13	1475 Nondwelling Equipment	384,940.00	385,001.00	385,001.00	385,001.00
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	-	-	-	-
20	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-19)	\$ 1,849,161.00	\$ 1,849,161.00	\$ 1,849,161.00	\$ 1,849,161.00
22	Amount of line 19 Related to LBP Activities	-	-	-	-
23	Amount of line 19 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 19 Related to Security	350,000.00	350,000.00	350,000.00	350,000.00
25	Amount of line 19 Related to Energy Conversation Measure	-	34,023.00	340,023.00	340,023.00

Annual Statement / Performance and Evaluation Report

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

Development Number / Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	1,849,161.00	1,849,161.00	1,849,161.00	1,849,161.00	1,849,161.00	1,849,161.00	

**Actual Comprehensive Grant
Cost Certificate**
Capital Fund Program (CFP)

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

PHA/IHA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19P01250103
	FFY of Grant Approval 2003

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Capital Fund Grant, is as shown below:

A. Original Funds Approved	\$ 1,849,161.00
B. Revised Funds Approved	1,849,161.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	1,849,161.00
E. Amount to be Recaptured (A-D)	-
F. Excess of Funds Advanced (C-D)	\$ (1,849,161.00)

2. That all modernization work in connection with the Capital Fund Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature X	Date 9/21/2007
---------------------------	------------------------------

For HUD Use Only

The Cost Certificate is approved for audit.	
Approved for Audit (Director, Public Housing Division) X	Date

The audited costs agree with the costs shown above.	
Verified (Director, Public Housing Division) X	Date

Approved (Field Office Manager) X	Date
---	------

Thank you for purchasing PHA Forms!
Copyright © 1999,
PHA Forms

Press the "Ctrl" key and the letter "P"
to "Print"

Annual Statement / Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide						-	-	
	Fees & Cost: Architect Fees	1430.00		96,210.00	96,210.00	96,210.00	96,210.00	
						-	-	
Healy	Exterior Renovations	1460.00		231,601.00	295,577.00	295,577.00	295,577.00	
						-	-	
Sunrise	Elevator Repairs	1460.00		12,000.00	11,029.00	11,029.00	11,029.00	
						-	-	
Sunrise	Fire Alarm System	1460.00		3,878.00	3,878.00	3,878.00	3,878.00	
						-	-	
Cleveland	Day Care Renovations	1470.00		165,875.00	102,870.00	102,870.00	102,870.00	
						-	-	
						-	-	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07 X

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

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

Previous Edition is obsolete

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07 X

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

Previous Edition is obsolete

Annual Statement / Performance and Evaluation Report

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

HA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19P012502-03	Federal FY of Grant 2003
--	---	------------------------------------

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 10% of line 19)	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	96,210.00	96,210.00	96,210.00	96,210.00
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	247,479.00	310,484.00	310,484.00	310,484.00
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	165,875.00	102,870.00	102,870.00	102,870.00
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-19)	\$ 509,564.00	\$ 509,564.00	\$ 509,564.00	\$ 509,564.00
22	Amount of line 19 Related to LBP Activities	-	-	-	-
23	Amount of line 19 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 19 Related to Security	-	-	-	-
25	Amount of line 19 Related to Energy Conversation Measure	-	-	-	-

Annual Statement / Performance and Evaluation Report

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

Development Number / Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	509,564.00	509,564.00	509,564	509,564	509,564	509,564	

**Actual Comprehensive Grant
Cost Certificate**
Capital Fund Program (CFP)

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

PHA/IHA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19P012502-03
	FFY of Grant Approval 2003

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Capital Fund Grant, is as shown below:

A. Original Funds Approved	\$ 509,564.00
B. Revised Funds Approved	509,564.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	509,564.00
E. Amount to be Recaptured (A-D)	-
F. Excess of Funds Advanced (C-D)	\$ (509,564.00)

2. That all modernization work in connection with the Capital Fund Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature X	Date 9/21/2007
---------------------------	------------------------------

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division) X	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division) X	Date
--	------

Approved (Field Office Manager) X	Date
---	------

Thank you for purchasing PHA Forms!
Copyright © 1999,
PHA Forms

Press the "Ctrl" key and the letter "P"
to "Print"

Annual Statement / Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Operations	1406.00		446,000.00	446,000.00	446,000.00	446,000.00	
	Management Improvements							
	Improve Security	1408.00		300,000.00	333,641.00	333,641.00	333,641.00	
	Resident Training	1408.00		50,000.00	42,421.00	42,421.00	42,421.00	
	Staff Training	1408.00		10,000.00	9,951.00	9,951.00	9,951.00	
	Computer Software	1408.00		60,000.00	60,000.00	60,000.00	60,000.00	
	Administration							
	Administrative Salaries	1410.00		80,000.00	85,673.00	85,673.00	85,673.00	
	Benefits	1410.00		19,200.00	20,018.00	20,018.00	20,018.00	
	Travel	1410.00		800.00	394.00	394.00	394.00	
	Administrative Sundry	1410.00		4,000.00	5,157.00	5,157.00	5,157.00	
Signature of Executive Director			Date	Signature of Public Housing Director			Date	
X			09/21/07	X				

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

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

Previous Edition is obsolete

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Fees and Costs	1430.00		32,562.00	129,293.00	129,293.00	129,293.00	
Town View	Site Improv: Mail Boxes	1450.00			4,302.00	4,302.00	4,302.00	
Happy Hills	Infrastructure	1450.00		318,281.00	325,781.00	325,781.00	325,781.00	
Cleveland	Condenser Replacement	1460.00		7,600.00				
Sunrise	Roof Replacement	1460.00		245,000.00	149,221.00	149,221.00	149,221.00	
Crystal	Roof Replacement	1460.00		350,000.00	136,892.00	136,892.00	136,892.00	
Healy	Roof Replacement	1460.00			132,374.00	132,374.00	132,374.00	
	Exterior Renovations	1460.00		273,399.00	329,060.00	329,060.00	329,060.00	
Cleveland	Cleveland Daycare-Renov	1470.00		33,224.00	19,888.00	19,888.00	19,888.00	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07 X

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

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Signature of Executive Director			Date	Signature of Public Housing Director			Date	
X			09/21/07	X				

Annual Statement / Performance and Evaluation Report

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

HA Name		Capital Fund Program Grant No.	Federal FY of Grant		
Housing Authority of the City of Winston-Salem		NC19P01250104	2004		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number			
<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 10% of line 19)	446,000.00	446,000.00	446,000.00	446,000.00
3	1408 Management Improvements	420,000.00	446,013.00	446,013.00	446,013.00
4	1410 Administration	104,000.00	111,242.00	111,242.00	111,242.00
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	32,562.00	129,293.00	129,293.00	129,293.00
8	1440 Site Acquisition				
9	1450 Site Improvement	318,281.00	330,083.00	330,083.00	330,083.00
10	1460 Dwelling Structures	875,999.00	747,547.00	747,547.00	747,547.00
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	33,224.00	19,888.00	19,888.00	19,888.00
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-19)	\$ 2,230,066.00	\$ 2,230,066.00	\$ 2,230,066.00	\$ 2,230,066.00
22	Amount of line 19 Related to LBP Activities	-	-	-	-
23	Amount of line 19 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 19 Related to Security	300,000.00	333,641.00	333,641.00	333,641.00
25	Amount of line 19 Related to Energy Conversation Measure	-	-	-	-

Annual Statement / Performance and Evaluation Report

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

Development Number / Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	2,230,066	2,230,066	2,230,066	2,230,066	2,230,066	2,230,066	

**Actual Comprehensive Grant
Cost Certificate**
Capital Fund Program (CFP)

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

PHA/IHA Name	Capital Fund Program Grant No. NC19P01250104
Housing Authority of the City of Winston-Salem	FFY of Grant Approval 2004

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Capital Fund Grant, is as shown below:

A. Original Funds Approved	\$ 2,230,066.00
B. Revised Funds Approved	2,230,066.00
C. Funds Advanced	1,669,929.59
D. Funds Expended (Actual Modernization Cost)	2,230,066.00
E. Amount to be Recaptured (A-D)	-
F. Excess of Funds Advanced (C-D)	\$ (560,136.41)

2. That all modernization work in connection with the Capital Fund Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature	Date
X	9/21/2007

For HUD Use Only

The Cost Certificate is approved for audit.	
Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.	
Verified (Director, Public Housing Division)	Date
X	

Approved (Field Office Manager)	Date
X	

Thank you for purchasing PHA Forms!
Copyright © 1999,
PHA Forms

Press the "Ctrl" key and the letter "P"
to "Print"

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Operations	1406.00		446,000.00	446,000.00	446,000.00	446,000.00	
	Management Training							
	Improve Security	1408.00		329,080.00	466,388.00	466,388.00	466,388.00	
	Staff Training	1408.00		10,000.00	1,786.00	1,786.00	1,786.00	
	Resident Training	1408.00		51,044.00	30,936.00	30,936.00	30,936.00	
	Computer Software	1408.00		50,000.00	850.00	850.00	850.00	
	Administration							
	Administrative Salaries	1410.00		86,156.00	66,288.00	66,288.00	66,288.00	
	Travel & Admin Sundry	1410.00		3,500.00	3,324.00	3,324.00	3,324.00	
Signature of Executive Director			Date	Signature of Public Housing Director			Date	
X			09/21/07	X				

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

Previous Edition is obsolete

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Fees And Cost	1430.00		182,000.00	175,222.00	175,222.00	175,222.00	
Happy Hills	Site Improvements Infrastructure	1450.00		989,714.00	991,174.00	991,174.00	991,174.00	
Healy	Dwelling Structures Generator	1460.00		21,000.00	21,694.00	21,694.00	21,694.00	
	Exterior	1460.00		310,994.00				
Piedmont	Kitchen Cabinets	1460.00			275,826.00	275,826.00	275,826.00	
	Non-Dwelling Equipment Ranges	1465.00		20,314.00	20,314.00	20,314.00	20,314.00	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07

X

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

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Signature of Executive Director			Date	Signature of Public Housing Director			Date	
X			09/21/07	X				

Annual Statement / Performance and Evaluation Report

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

HA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19P01250105	Federal FY of Grant 2005
--	--	------------------------------------

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 10% of line 19)	446,000.00	446,000.00	446,000.00	446,000.00
3	1408 Management Improvements	440,124.00	499,960.00	499,960.00	499,960.00
4	1410 Administration	89,656.00	69,612.00	69,612.00	69,612.00
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	182,000.00	175,222.00	175,222.00	175,222.00
8	1440 Site Acquisition				
9	1450 Site Improvement	989,714.00	991,174.00	991,174.00	991,174.00
10	1460 Dwelling Structures	331,994.00	297,520.00	297,520.00	297,520.00
11	1465.1 Dwelling Equipment - Nonexpendable	20,314.00	20,314.00	20,314.00	20,314.00
12	1470 Nondwelling Structures		-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-19)	\$ 2,499,802.00	\$ 2,499,802.00	\$ 2,499,802.00	\$ 2,499,802.00
22	Amount of line 19 Related to LBP Activities	-	-	-	-
23	Amount of line 19 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 19 Related to Security	329,080.00	466,388.00	466,388.00	466,388.00
25	Amount of line 19 Related to Energy Conversation Measure	20,314.00	20,314.00	20,314.00	20,314.00

Annual Statement / Performance and Evaluation Report

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

Development Number / Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	2,499,802	2,499,802	2,499,802	2,499,802	2,499,802	2,499,802	

**Actual Comprehensive Grant
Cost Certificate**
Capital Fund Program (CFP)

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

PHA/IHA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19P01250105
	FFY of Grant Approval 2005

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Capital Fund Grant, is as shown below:

A. Original Funds Approved	\$ 2,499,802.00
B. Revised Funds Approved	2,499,802.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	2,499,802.00
E. Amount to be Recaptured (A-D)	-
F. Excess of Funds Advanced (C-D)	\$ (2,499,802.00)

2. That all modernization work in connection with the Capital Fund Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature X	Date 9/21/2007
---------------------------	------------------------------

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division) X	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division) X	Date
--	------

Approved (Field Office Manager) X	Date
---	------

Thank you for purchasing PHA Forms!
Copyright © 1999,
PHA Forms

Press the "Ctrl" key and the letter "P"
to "Print"

Annual Statement / Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Development Activities			784,071.00	784,071.00	784,071.00	426,891.06	

Signature of Executive Director	Date	Signature of Public Housing Director	Date
X	09/21/07	X	

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

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

Previous Edition is obsolete

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07 X

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

Previous Edition is obsolete

Annual Statement / Performance and Evaluation Report

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

HA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19R012501-05	Federal FY of Grant 2005
--	---	------------------------------------

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 10% of line 19)	-	-	-	-
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	784,071.00	784,071.00	784,071.00	426,891.06
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-19)	\$ 784,071.00	\$ 784,071.00	\$ 784,071.00	\$ 426,891.06
22	Amount of line 19 Related to LBP Activities	-	-	-	-
23	Amount of line 19 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 19 Related to Security	-	-	-	-
25	Amount of line 19 Related to Energy Conversation Measure	-	-	-	-

Annual Statement / Performance and Evaluation Report

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

Development Number / Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	784,071.00	784,071.00	784,071	784,071	784,071	426,891	

**Actual Comprehensive Grant
Cost Certificate**
Capital Fund Program (CFP)

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

PHA/IHA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19R012501-05
	FFY of Grant Approval 2005

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Capital Fund Grant, is as shown below:

A. Original Funds Approved	\$ 784,071.00
B. Revised Funds Approved	784,071.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	426,891.06
E. Amount to be Recaptured (A-D)	357,179.94
F. Excess of Funds Advanced (C-D)	\$ (426,891.06)

2. That all modernization work in connection with the Capital Fund Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature X	Date 9/21/2007
---------------------------	------------------------------

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division) X	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division) X	Date
--	------

Approved (Field Office Manager) X	Date
---	------

Thank you for purchasing PHA Forms!
Copyright © 1999,
PHA Forms

Press the "Ctrl" key and the letter "P"
to "Print"

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Operations	1406.00		446,000.00	446,000.00	446,000.00	446,000.00	
	Management Improvements							
	Improve Security	1408.00		338,900.00	338,900.00	338,900.00	67,306.00	
	Staff Training	1408.00		10,000.00	40,000.00	-	-	
	Resident Training	1408.00		22,200.00	10,800.00	-	-	
	Inspection Review Contract	1408.00			33,000.00			
	PFS Subsidy HOPE VI Proj	1408.00		80,000.00				
	Computer Software	1408.00		50,000.00	50,000.00	-	-	
	Administration							
	Administrative Salaries	1410.00		48,200.00	190,000.00	-	-	
	Administrative Sundry	1410.00		4,000.00	10,000.00	-	-	
Signature of Executive Directore			Date	Signature of Public Housing Director			Date	
X			09/21/07	X				

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

form HUD-52837 (9/98)
 ref Handbook 7485.3

**Annual Statement / Performance and Evaluation Report
 Capital Fund Program and Capit: Part II: Supporting Pages**

Previous Edition is obsolete
**U.S. Department of Housing
 and Urban Development**
 Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Fees And Cost	1430.00		90,000.00	200,000.00	-	-	
	Site Improvements							
	Site Litghting	1450.00			75,000.00	-	-	
	Dwelling Structures							
Piedmont	Interior Renov-Cabinets	1460.00			349,648.00	349,648.00		
	Non-Dwelling Equipment							
	Security Cameras	1475.00			520,000.00			
	Trucks, Car	1475.00			100,000.00			
Signature of Executive Directore			Date	Signature of Public Housing Director			Date	
X			09/21/07	X				

Annual Statement / Performance and Evaluation Report

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

HA Name		Capital Fund Program Grant No.	Federal FY of Grant		
Housing Authority of the City of Winston-Salem		NC19P01250106	2006		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number			
<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 10% of line 19)	446,000.00	446,000.00	446,000.00	446,000.00
3	1408 Management Improvements	501,100.00	472,700.00	472,700.00	67,306.00
4	1410 Administration	120,019.00	200,000.00	200,000.00	
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	90,000.00	200,000.00	200,000.00	
8	1440 Site Acquisition				
9	1450 Site Improvement		75,000.00		
10	1460 Dwelling Structures	1,206,229.00	349,648.00		
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures		-	-	-
13	1475 Nondwelling Equipment	-	620,000.00	-	-
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	-	-	-	-
20	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-19)	\$ 2,363,348.00	\$ 2,363,348.00	\$ 1,318,700.00	\$ 513,306.00
22	Amount of line 19 Related to LBP Activities	-	-	-	-
23	Amount of line 19 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 19 Related to Security	338,900.00	858,900.00	-	-
25	Amount of line 19 Related to Energy Conversation Measure				

Annual Statement / Performance and Evaluation Report

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

Development Number / Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	2,363,348	2,363,348	1,318,700	2,363,348	2,363,348	513,306	

**Actual Comprehensive Grant
Cost Certificate**
Capital Fund Program (CFP)

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

PHA/IHA Name	Capital Fund Program Grant No. NC19P01250106
Housing Authority of the City of Winston-Salem	FFY of Grant Approval 2006

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Capital Fund Grant, is as shown below:

A. Original Funds Approved	\$ 2,363,348.00
B. Revised Funds Approved	2,363,348.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	513,306.00
E. Amount to be Recaptured (A-D)	1,850,042.00
F. Excess of Funds Advanced (C-D)	\$ (513,306.00)

2. That all modernization work in connection with the Capital Fund Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature	Date
X	9/21/2007

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
X	

Approved (Field Office Manager)	Date
X	

Thank you for purchasing PHA Forms!
Copyright © 1999,
PHA Forms

Press the "Ctrl" key and the letter "P"
to "Print"

Annual Statement / Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Development Activities			698,799.00	698,799.00	698,799.00	441,000.00	

Signature of Executive Director _____ Date **09/21/07** X

Signature of Public Housing Director _____ Date _____

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

Previous Edition is obsolete

**Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capit Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

09/21/07 X

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

Previous Edition is obsolete

Annual Statement / Performance and Evaluation Report

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

HA Name Housing Authority of the City of Winston-Salem	Capital Fund Program Grant No. NC19R012501-06	Federal FY of Grant 2006
--	---	------------------------------------

- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number
 Performance and Evaluation Report for Program Year Ending
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 10% of line 19)	-	-	-	-
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	698,799.00	698,799.00	698,799.00	441,000.00
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-19)	\$ 698,799.00	\$ 698,799.00	\$ 698,799.00	\$ 441,000.00
22	Amount of line 19 Related to LBP Activities	-	-	-	-
23	Amount of line 19 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 19 Related to Security	-	-	-	-
25	Amount of line 19 Related to Energy Conversation Measure	-	-	-	-

Annual Statement / Performance and Evaluation Report

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

Development Number / Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide	698,799.00	698,799.00	698,799	698,799	698,799	441,000	

**Actual Comprehensive Grant
Cost Certificate**
Capital Fund Program (CFP)

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

PHA/IHA Name	Capital Fund Program Grant No. NC19R012501-06
Housing Authority of the City of Winston-Salem	FFY of Grant Approval 2006

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Capital Fund Grant, is as shown below:

A. Original Funds Approved	\$ 698,799.00
B. Revised Funds Approved	698,799.00
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	441,000.00
E. Amount to be Recaptured (A-D)	257,799.00
F. Excess of Funds Advanced (C-D)	\$ (441,000.00)

2. That all modernization work in connection with the Capital Fund Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature	Date
X	9/21/2007

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
X	

Approved (Field Office Manager)	Date
X	

Thank you for purchasing PHA Forms!
Copyright © 1999,
PHA Forms

Press the "Ctrl" key and the letter "P"
to "Print"

