

# PHA Plans

## Streamlined Annual Version

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

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

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

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

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# Streamlined Annual PHA Plan for Fiscal Year: 2007

## PHA Name: Statesville Housing

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Statesville Housing Authority

**PHA Number:** NC072

**PHA Fiscal Year Beginning:** (01/2007)

**PHA Programs Administered:**

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**  
Number of public housing units: 499    Number of S8 units:    Number of public housing units:  
Number of S8 units: 704

**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:				

**PHA Plan Contact Information:**

Name: David J. Meachem    Phone: 704-872-9811 #206  
TDD: 1-800-545-1833 Ext.883    Email (if available): dmeachem@sha-online.org

**Public Access to Information**

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

PHA's main administrative office     PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.     Yes     No.

If yes, select all that apply:

Main administrative office of the PHA  
 PHA development management offices  
 Main administrative office of the local, county or State government  
 Public library     PHA website     Other (list below)

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

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

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

**Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

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

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

**Form SF-LLL & SF-LLL a, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

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

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? (NO) If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2.  Yes  No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

- If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## **2. Capital Improvement Needs**

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

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

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

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

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

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? (14)

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:

1. Be a first-time homeowner or have a member who is a person with disabilities;
2. With the exception of elderly and disabled households, meet a minimum income requirement without counting income from “welfare assistance” sources of having gross annual income at least equal to the Federal minimum hourly wage multiplied by 2000 hours.
3. With the exception of elderly and disabled households, meet the requisite employment criteria;
4. Have fully repaid any outstanding debt owed to the Statesville Housing Authority or any other Housing Authority;
5. Not defaulted on a mortgage securing debt to purchase a home under the homeownership option; and
6. Not have any member who has a present ownership interest in a residence at the commencement of home ownership assistance.

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

- 1) Work with both admissions and housed leasing departments to inform new and existing participants of the Homeownership department and programs
- 2) Continue the Pre and Post Homeownership workshops
- 3) Continue credit counseling services

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

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

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

➤ HUD approved Homeownership Counseling Agency since 2002

#### **4. Use of the Project-Based Voucher Program**

## Intent to Use Project-Based Assistance

Yes  No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If the answer is “no,” go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below:)

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

## **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (State of North Carolina)

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

- The PHA has based its statement of needs of families on its waiting lists 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)

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

- The promotion of decent/safe affordable housing is a top priority throughout the State, to enforce existing ordinances and help create new ones to better control rental properties

and to educate and inform the public with sessions on these issues and equal opportunity housing training

- Promote decent/safe affordable housing
- Strengthen communities
- Ensure equal opportunity housing

**Following are changes made to the ACOP and Section 8 Administration Plan consecutively:**

## ACOP Changes

### 7.0 Taking Applications

Current	Change
<p>The applicant may at any time submit written changes in their applicant status including changes in mailing address, phone number(s), family composition, income, or preference factors. The Statesville Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.</p>	<p>The applicant may at any time submit written changes in their applicant status including changes in mailing address, phone number(s), family composition, income, or preference factors. <b>All changes, whether in person or in writing must include a copy of applicant's picture ID. No changes can be made over the phone.</b> The Statesville Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.</p>

### 8.2 Eligibility Criteria

#### A. Family Status

Current	Change
<p><b>New Definition for family added to list</b></p>	<p>c. Persons that are a part of the applicant household through marriage, birth, adoption or custody awarded by a court or other government agency (ie Department of Social Services: Kinship Agreement and/or Safety Agreement) at the time the application is submitted</p> <p>d. Persons that are added to the application due to marriage, birth, adoption or custody awarded by a court or other government agency (ie Department of Social Services:</p>

	Kinship Agreement and/or Safety Agreement) after the application has been submitted and placed on the waiting list.
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**P.**

Current	Change
<b>Denied for Life:</b> If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development or in a Section 8 assisted property;	<b>Denied for Life:</b> If any family member has been convicted of manufacturing or producing methamphetamine, <b>whether on or off Statesville Housing Authority property or any other federally assisted property;</b>

**9.5 Removal of Applicant from the Waiting List**

Current	New
<p style="text-align: center;"><b><i>Added to list</i></b></p> <p><i>The Statesville Housing Authority may remove /withdraw applicant's name from the waiting list under the following circumstances:</i></p> <p><i>A. The applicant requests in writing that the name be removed;</i></p> <p><i>B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program; or</i></p> <p><i>C. The applicant does not meet either the eligibility or suitability criteria for the program.</i></p> <p><i>D. Misses scheduled appointments without good cause:(death of illness of self or immediate family members)</i></p>	<p><i>A. The applicant submits <b>oral or written request</b> that the name be removed;</i></p> <p><b><i>Added to current policy</i></b></p> <p><i>E. If the applicant receives 3 offers of housing and rejects all offers.</i></p> <p><i>F. The applicant has failed to notify SHA of any changes in family status, phone numbers and/or address.</i></p> <p><i>G. SHA has made reasonable effort to contact the applicant to schedule appointment to update the waiting list, but has been unsuccessful. File copies of correspondence (or other methods designated by an applicant with a disability) sent by first class mail to the latest address that may or may not be returned by the Post Office will constitute documentation of reasonable effort to contact the applicant.</i></p> <p><i>H. SHA has made reasonable efforts to contact the applicant after update appointment to obtain information necessary to proceed with the eligibility process, and the applicant fails to respond. File copies of correspondence (or other methods designated by an applicant with a disability) sent by first class mail to the latest address that may or may not be returned by the Post Office will constitute documentation of</i></p>

	<i>reasonable effort to contact the applicant</i>
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### 9.4 Purging the Wait List

Current	Change
The Statesville Housing Authority will update and purge its waiting list at least annually to ensure that the pool of applicants reasonably represents the interested families for whom the Statesville Housing Authority has current information, i.e. applicant's address and phone numbers, family composition, income category, and preferences.	<p><b>(Added to end of paragraph)</b></p> <p><b>Families purged from the waiting list will not be entitled to an informal review.</b></p>

### 9.6 Missed Appointments

#### 1<sup>st</sup> paragraph

Current	Change
All applicants who fail to keep a scheduled appointment with the Statesville Housing Authority will be sent a notice of <b>termination of the process for eligibility.</b>	All applicants who fail to keep a scheduled appointment with the Statesville Housing Authority will be sent a notice of <b>denial, in accordance with paragraph below.</b>

### 9.6 Missed Appointments

#### 2<sup>nd</sup> paragraph

Current	Change
<p><i>The Statesville Housing Authority will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the Statesville Housing Authority will work closely with the family to find a more suitable time. Applicants will be offered the right to an informal review before being removed from the waiting list.</i></p>	<p><i>PH Guidebook page 40 does not mandate an informal review. Bold section removed from policy.</i></p>

### 9.7 NOTIFICATION OF NEGATIVE ACTIONS

Current	Change
<p>Any applicant <b>whose name is being removed from the waiting list</b> will be notified by the Statesville Housing Authority, in writing, that they have fourteen (14) calendar days from the date of the written correspondence to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The Statesville Housing Authority system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the Statesville Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.</p>	<p>Any applicant <b>who has been determined ineligible for assistance due to eligibility criteria</b> will be notified by the Statesville Housing Authority, in writing, that they have fourteen (14) calendar days from the date of the written correspondence to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. <b>Any applicant who has been removed from the waiting list due to any reasons other than ineligibility criteria is not entitled to an informal review.</b> The Statesville Housing Authority's system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the Statesville Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.</p>

## 10.0 Tenant Selection and Assignment Plan

### 10.1 Preferences

Current	Change
<p>The Statesville Housing Authority will select families based on the following preferences within each bedroom size category:</p> <ol style="list-style-type: none"> <li>1. Displaced by government action</li> <li>2. <b>Single persons</b> who are elderly, disabled, or displaced will be offered housing before other <b>single persons</b>.</li> <li>3. Date and time of application</li> </ol>	<p>The Statesville Housing Authority will select families based on the following preferences within each bedroom size category:</p> <ol style="list-style-type: none"> <li>1. Displaced by government action</li> <li>2. <b>Families</b> who are elderly, disabled, or displaced will be offered housing before other <b>families and other single persons</b></li> <li>3. Date and time of application</li> </ol>

### 10.2 Assignment of Bedroom Sizes

Current	Change
<p>These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. <b>Zero bedroom units will only be assigned to one-person families. Two adults will share a bedroom unless related by blood. (Bold-faced type removed from policy)</b></p>	<p>These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons, <b>regardless of age.</b></p>

### 10.6 Offer of Unit

Current	New Policy
<p>The family will offered three (3) units. If the family rejects three (3) offers, the family will be removed from the wait list and will have to reapply for assistance.</p>	<p>The family will offered three (3) units. If the family rejects three (3) offers, the family will be removed from the wait list and will have to reapply for assistance. <b>The family will not be entitled to an informal review.</b></p>

### 12.1 Acceptable Methods of Verification

Current	Change
<p>Other information will be verified by third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the Statesville Housing Authority, <b>UIV System, TASS System</b> or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name date of contact, amount received, etc.</p>	<p>Other information will be verified by third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the Statesville Housing Authority, <b>EIV/UIV System</b>, or automatically by another government agency, i.e. the Social Security Administration <b>&amp; child support agencies and/or systems.</b> Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name date of contact, amount received, etc., received by the Public Housing Case Manager.</p>

### 12.2 Types of Verification

Current	Change
<p>Earned income</p> <p>Letter from employer, <b>UIV</b>, SWICA</p> <p>Multiple pay stubs</p>	<p>Earned income</p> <p>Letter from employer, <b>EIV/UIV</b>, SWICA</p> <p>Multiple pay stubs</p>
Current	Change
<p>Periodic payments (i.e., social security, welfare, pensions, workers compensation, unemployment)</p> <p>Letter or electronic reports from the source</p> <p>Award letter, letter announcing change in amount of future payments</p>	<p>Periodic payments (i.e., social security, welfare, pensions, workers compensation, unemployment, <b>child support</b>)</p> <p>Letter or electronic reports from the source, <b>UIV/EIV</b></p> <p>Award letter, letter announcing change in amount of future payments</p>

### 13.7 Paying Rent

Current	Change
<p>Rent and other charges are due and payable on the first day of the month. All rents should be paid by mail or hand delivered to the Statesville Housing Authority, 110 West Allison Street, Statesville, NC, or at the <b>Summit Village Community Center, 1352 Pearl Street, Statesville, NC</b>, unless otherwise specified. Reasonable accommodations for this requirement will be made for persons with disabilities. As a safety measure, no cash shall be accepted as a rent payment. A grace period until the <b>tenth (10<sup>th</sup>)</b> day of the month is given each resident. If the <b>tenth (10<sup>th</sup>)</b> day of the month falls on a weekend or holiday, payment is due on the next business day. Residents who do not pay their rent by 5:00 p.m. on the <b>tenth (10<sup>th</sup>)</b> day of the month will be sent a Notice of Termination in accordance with the terms of their Lease.</p>	<p>Rent and other charges are due and payable on the first day of the month. All rents should be paid by mail or hand delivered to the Statesville Housing Authority, 110 West Allison Street, Statesville, NC, or at the <b>Summit Village Community Center, 1352 Pearl Street, Statesville, NC</b>, unless otherwise specified. <b>Rent will be accepted at the Summit Village Community Center through the 7<sup>th</sup> of the month. Any payments thereafter must be paid at the Main Office Complex, 110 West Allison Street.</b> Reasonable accommodations for this requirement will be made for persons with disabilities. As a safety measure, no cash shall be accepted as a rent payment. A grace period until the <b>seventh (7<sup>th</sup>)</b> day of the month is given each resident. If the <b>seventh (7<sup>th</sup>)</b> day of the month falls on a weekend or holiday, payment is due on the next business day. Residents who do not pay their rent by 5:00 p.m. on the <b>seventh (7<sup>th</sup>)</b> day of the</p>

	month will be sent a Notice of Termination in accordance with the terms of their Lease.
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**15.6 Interim Reexaminations**

Current	Change
<b>Add as 1<sup>st</sup> paragraph of section</b>	<b>Interim changes that result in a reduction in tenant rent must be reported by the 20<sup>th</sup> day of the month, to be effective the first day of the month after the interim change is reported. Changes reported after the 20<sup>th</sup> day of the month will be effective the first day of the second month after the interim change is reported. Income decreases reported or verified after the tenant accounting cut-off of the 20<sup>th</sup>, will be effective the first of the second month with a credit retroactive to the first month. (Public Housing Occupancy Guildbook – 13.3 Effective Date of Adjustment pg. 163).</b>

**15.6 A.**

Current	Change
A family member has been added to the family through marriage, birth, adoption or custody awarded by a court or other government agency.(i.e. Department of Social Services)	A family member has been added to the family through marriage, birth, adoption or custody awarded by a court or other government agency.(i.e. Department of Social Services: <b>Kinship Agreement and/or Safety Agreement</b> )

## **Section 8 Administration Plan Changes**

### **ELIGIBILITY OF STUDENTS FOR ASSISTED HOUSING UNDER SECTION 8 OF THE U.S. HOUSING ACT OF 1937**

#### **Admissions:**

This section is included with the other eligibility criteria for assistance in the Section 8 Programs:

No assistance shall be provided under section 8 of the 1937 Act to any individual who:

- Is enrolled as a student at an institution of higher education, as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002);
- Is under 24 years of age;
- Is not a veteran of the United States military;
- Is unmarried
- Does not have a dependent child, and
- Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under section 8 of the 1937 Act.

A student under the age of 24 who is not a veteran, is unmarried, does not have a dependent child and who is seeking section 8 assistance, must affirmatively meet two part income eligibility test. Both the student and the student's parents (individually or jointly) must be income eligible for the student to receive section 8 assistance. If it is determined that the parents are not income eligible, the student is ineligible to receive section 8 assistance.

A student at least 24 years of age who meets the additional criteria of Section 327 of the Act may be income eligible for assistance in circumstances where an examination of the income of the student's parents may not be relevant or where the student can demonstrate the absence of, or his or her independence from

parents. These practices and criteria include but are not limited to consideration of all of the following:

1. The individual must be of legal contract age under state law.
2. The individual must have established a household separate from parents or legal guardians for at least one year prior to application for assistance.
3. The individual must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations.
4. The individual must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
5. The individual must meet the U.S. Department of Education's definition of an independent student.

Statesville Housing Authority will need to verify a student's independence from his or her parents to determine that the student's parents' income is not relevant for determining the student's eligibility for assistance by taking into consideration all of the following:

1. Verifying previous address information to determine evidence of a separate household, or verifying the student meets the U.S. Department of Education's definition of "Independent student"; and
2. Reviewing prior year income tax returns to verify if a parent or guardian has claimed the student as a dependent, and
3. Verifying income provided by a parent and requiring a written certification from the individual providing the support. Certification is also required if the parent is providing no support to the student. Financial assistance that is provided by persons not living in the unit is included in annual income.

In determining the income eligibility of a student, the student's financial assistance in excess of tuition will be included in the calculation of annual income. If the student's financial assistance in excess of tuition makes the student income ineligible for Section 8 assistance, the student cannot receive Section 8 assistance.

The financial assistance of a student residing with his or her parents therefore would continue to be excluded from annual income.

The following are criteria for determining whether to obtain the declaration and certification of income from parents individually or jointly, if:

- The student's parents are married and living with each other, obtain certification from both parents.
- The student's parent is widowed or single, obtain certification from that parent.
- The student's parents are divorced or separated, obtain certification from both parents.
- The student has been living with one of his or her parents and has not had contact with or does not know where to contact his or her other parent, obtain certification of the situation and income certification from parent with whom the student lived.

### **Informal Hearings:**

Upon notification of denial of assistance, the household is entitled to request an informal hearing to discuss the reasons for the denial. Requesting a hearing must be submitted in writing within fourteen (14) calendar days from the date of the letter. The grievance procedure will govern hearing process.

### **Definitions:**

1. **Dependent Child:** new eligibility restrictions, means a dependent child of an enrolled student who meets the criteria of 24 CFR 5.612. 24 CFR 5.603 is a member of the family (except foster children and foster adults) other than the family head or spouse, who is under 18 years of age, is a person with a disability, or is a full-time student.
2. **Financial Assistance:** included in annual income is any financial assistance that a student receives in excess of tuition (e.g., athletic and academic scholarships) and that the student receives (1) under the Higher Education Act, (2) from private sources, or (3) from an institution of higher education as defined by the Higher Education Act of 1965, with the exception of students who are older than 23 years of age with dependents. Financial assistance does not include loan proceeds.
3. **Independent Student:** for Title IV aid, a student must meet one or more of the following criteria:
  - Be at least 24 years old by December 31 of the year for which assistance is sought;

- Be an orphan or a ward of the court through the age of 18;
  - Be a veteran of the U.S. Armed Forces;
  - Be a graduate or professional student;
  - Have legal dependents other than a spouse (for example, dependent children or an elderly dependent parent); or
  - Be married
4. Parents: for purposes of the student eligibility restrictions, means the biological or adoptive parents, or guardians (e.g. grandparents, aunt/uncle, godparents, etc)
  5. Student: means all students enrolled either full-time or part-time at an institution of higher education. The new law does not exempt part-time students.
  6. Institution of Higher Education: shall have the meaning given this term in the Higher Education Act of 1965 in 20 U.S.C. 1001 and 1002.

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
<input checked="" type="checkbox"/>	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
<input checked="" type="checkbox"/>	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan</i>	5 Year and standard Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input checked="" type="checkbox"/>	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.	
<input checked="" type="checkbox"/>	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
<input checked="" type="checkbox"/>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<input checked="" type="checkbox"/>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
<input checked="" type="checkbox"/>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<input checked="" type="checkbox"/>	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<input checked="" type="checkbox"/>	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures.	Annual Plan: Grievance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Procedures
<input checked="" type="checkbox"/>	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	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
<input checked="" type="checkbox"/>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
<input checked="" type="checkbox"/>	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
<input checked="" type="checkbox"/>	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
<input checked="" type="checkbox"/>	Policies governing any Section 8 Homeownership program (Section ___X___ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
<input checked="" type="checkbox"/>	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
<input checked="" type="checkbox"/>	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Statesville Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07250107 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,731.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	726,000.00			
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				
21	Amount of Annual Grant: (sum of lines 2 – 20)	750,731.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Statesville Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07250107 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Statesville Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07250107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Air/Heat units install			726,000.00				



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

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Statesville Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07250106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,731.00		-0-	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	718,000.00		-0-	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	8,000.00		-0-	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	750,731.00		-0-	
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Statesville Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07250106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Statesville Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07250105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,334.00	24,334.00	24,334.00	24,334.00
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	50,000.00	50,000.00	10,909.09
10	1460 Dwelling Structures	300,000.00	758,000.00	758,000.00	96,032.30
11	1465.1 Dwelling Equipment—Nonexpendable	458,000.00	0.00	-0-	
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	832,334.00	832,334.00	832,334.00	131,275.39
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>						
PHA Name: Statesville Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07250105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:    )						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
	Measures					

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Statesville Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07250104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
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	768,014.00		768,014.00	-0-
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	768,014.00		768,014.00	-0-
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

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

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Statesville Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07250104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

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

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Statesville Housing Authority			Grant Type and Number Capital Fund Program Grant No: NC19P07250203 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
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	131,888.00		131,888.00	131,888.00
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 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	131,888.00		131,888.00	131,888.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Statesville Housing Authority		Grant Type and Number Capital Fund Program Grant No: NC19P07250203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )						
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
26	Amount of line 21 Related to Energy Conservation Measures					

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

**8.Capital Fund Program Five-Year Action Plan**

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name Statesville Housing Authority					<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b>
			<input type="checkbox"/> <b>Revision No:</b>		
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2008 PHA FY:	Work Statement for Year 3 FFY Grant: 2009 PHA FY:	Work Statement for Year 4 FFY Grant:2010 PHA FY:	Work Statement for Year 5 FFY Grant:2011 PHA FY:
	Annual Statement				
72-2		202,660	247,000		204,147
72-3		56,000	35,000		204,147
72-4		46,400	29,000		100,000
72-5		67,680	47,000	612,440	
72-6		155,100	100,000		104,146
72-7		8,000	32,000		
HA-Wide		76,600	122,440		
CFP Funds Listed for 5-year planning		612,440	612,440	612,440	612,440
Replacement Housing Factor Funds					



