

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)

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.

Streamlined Annual PHA Plan for Fiscal Year: 2008

PHA Name: City of Goldsboro Housing Authority

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: City of Goldsboro Housing Authority
PHA Number: NC015

PHA Fiscal Year Beginning: (mm/yyyy) 07/2008

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
Number of public housing units: 1225 Number of S8 units: Number of public housing units:
Number of S8 units: 237

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:				

PHA Plan Contact Information:

Name: Gene D. Thomas Phone: 919-735-5650 ext 113
TDD: 919-587-9507 Email (if available): gthomas@hacg.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 2008

[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.

Table of Contents	Page
Agency Information	2
PHA Plan Components	3
Separate Hard Copy Submissions to Local HUD Field Office	4
Site – Based Waiting Lists(Eligibility, Selection, Admissions Policies)	4
Capital Improvement Needs	5
Section 8 Tenant Based Assistance-Section 8 (v) Homeownership Program	6
PHA Statement of Consistency with the Consolidated Plan	8
Supporting Documents Available for Review for Streamlined Annual PHA Plan	9
Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report	
Capital Fund Program 5-Year Action Plan	
Other Information Required	
Violence Against Women Act	11
Asset Management – Project Based Accounting	12
Attachments:	
Statement of Progress in Meeting 5Year Mission and Goals	nc015a01
Resident Comments	nc015b01
Deconcentration and Income Mixing Questions	nc015c01
Voluntary Conversion Required Initial Assessment	nc015d01
Announcement of Membership of the Resident Advisory Board	nc015e01
Resident Membership of the PHA Governing Board	nc015f01
Community Service Description of Implementation	nc015g01
Information on Pet Policy	nc015h01
Definition of Substantial Deviation & Significant Amendment	nc015i01
Capital Fund Narrative Statement 2007	nc015j01
CFP 52834 5Yr Management Needs Work Statement	nc015k01
Capital Fund P & E NC19P015501 04	nc015l01
Capital Fund P & E NC19P015501 05	nc015m01
Capital Fund NC19P015501 06	nc015n01

Capital Fund	NC19P015501 07	nc015o01
Capital Fund	NC19P01550108	nc015p01
Capital Fund	NC19P015502 06	nc015q01
Capital Fund	NC19R015504 06	nc015r01
Capital Fund	NC19R015501 05	nc015s01
Capital Fund	NC19R015502 06	nc015t01

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.

NA

A. Site-Based Waiting Lists-Previous Year NA

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

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. Attachment: nc015l01, nc015m01, nc015n01, nc015o01, nc015p01, nc015q01, nc015r01, nc015s01, nc015t01

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.). attachment nc015k01

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):

HOPE VI Revitalization Grant Status	
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?

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:

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- 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):

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: (City of Goldsboro)

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

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

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
*	<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
*	<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
*	<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 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
*	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	Annual Plan: Housing Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	
*	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
*	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
*	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
*	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
*	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
*	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
*	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
*	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
*	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
*	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
*	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
*	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
*	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
*	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs attachment
	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
*	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	Annual Plan: Conversion of

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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.	Public Housing
*	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
*	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
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
*	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
*	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
	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
*	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

Other Information Required by HUD

Violence Against Women Act

Goldsboro Housing will comply with all legal requirements imposed by VAWA and provide housing opportunities for victims of domestic violence, dating violence, or stalking. Goldsboro Housing Authority will collaborate with law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking.

Asset Management – Project Based Accounting

GHA is complying with regulations regarding Project Based Accounting and Asset Management

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:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line 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				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

8. Capital Fund Program Five-Year Action Plan

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

8. Capital Fund Program Five-Year Action Plan

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

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

Goal 1. Ensure a well maintained housing stock

Objective 1: The GHA management staff has done a good job over the evaluation period as evident by the High performer designation on PHAS for FYE June 30, 2007.

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

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

Goal 2. Maintain and enhance resident safety and security

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

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

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

Objective 4. The City of Goldsboro has provided five police officers for the GHA.

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

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

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

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

Goal 4. Increase assisted housing choices to meet future demand

Objective 1: The Section 8 Program has achieved a high lease up rate during the performance period. In addition, the Section 8 Program has been designated a High Performer for SEMAP for FYE 6/30/2007.

Objective 2: Section 8 program experienced an increase of 12 new landlord participants during 2007. This recruitment effort has resulted in a better lease up rate.

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

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

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

Objective 2: GHA participated in The City of Goldsboro Community Affairs Office Fair Housing Workshop in 2007.

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

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

Component 3, (6) Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
Little Washington	50	This is one of the newest developments and consists of freestanding units which we believe attracts the higher income population.	
Lincoln NC015002	137	This is an older development with a large number of elderly residents with low incomes and a low percentage of earned incomes.	

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? Six(6)
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? none
- c. How many Assessments were conducted for the PHA's covered developments? One, the initial assessment
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: NA

Development Name	Number of Units

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

Membership of the Resident Advisory Board

Fairview

Ms. Beulah Boomer
706-B N. Claiborne Street
Goldsboro, NC 27530
Phone—580-0364

Margaret Holloman
1728 A Edgerton Street
Goldsboro, NC 27530
Phone- 736-2131

Lincoln

Ms Linda Walker---President of Resident Council
916-A Carver Drive
Goldsboro, NC 27530
Phone—735-4039

Ms. Jean Robinson
908-B S. Audubon Avenue
Goldsboro, NC 27530
Phone 736-7592

Woodcrest

Ms. Cora Spain
724 Waters Street
Goldsboro, NC 27530
Phone----705-5969

Elmwood Terrace

Ms. Janet Baber
405 E. Spruce Street
Goldsboro, NC 27530
Phone---734- 6955

West Haven

Ms. Ellen Holloman, President
120 Dupont Circle
Goldsboro, NC 27530
Phone---221-6038

Mr. Howard Bass(Senior Citizen's Rep.)
341 N. Alabama Avenue
Goldsboro, NC 27530
Phone 735-2087

Little Washington

Ms. Patricia Midgette
612 Whitfield Drive
Goldsboro, NC 27530
Phone--

Ms. Frances Holmes
603 Sherard Court
Goldsboro, NC 27530
Phone-----736-2862

Bertha Carraway
601 Bizzell Ct
Goldsboro, NC 27530

December 2007

Resident Membership of the PHA Governing Board

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

The resident that serves as resident member on the board is Howard Bass. The Mayor of the City of Goldsboro makes the appointment in accordance with the North Carolina General Statutes. The term of appointment is five years. The term expires August 19, 2010.

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

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

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

A. DEFINITION:

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

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

B. Exempt Individual. An adult who:

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

C. GENERAL REQUIREMENT:

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

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

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

2. Family violation of service requirement:

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

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

- A. The Resident Services Coordinator along with the Housing Manager will determine who is eligible for Community Service.
 - (1) The Resident Services Coordinator will notify the residents by mail that they are eligible for Community Service. The resident will be given a written description of the service requirement and an opportunity to claim an exempt status.
 - a. If the resident is claiming exempt status, the Housing Manager, and Resident Services Coordinator will review the form.
 - b. If the resident is approved as exempt status, the Housing Manager will notify the resident.
 - (2) Housing Managers will give new residents that are eligible for Community Service a letter, which will contain a written description of the service requirement and an opportunity to claim an exempt status. Housing Manager will have the resident sign a receipt for copy of the policy and forms.
- B. Each non-exempt resident will be given a list of agencies with phone numbers on where they can do community service hours but not limited to those agencies. All volunteer work must be certified with documentation from designated supervisors. Non-exempt residents will also be given Certification Forms and a copy of the Community Service Activities or Self-Sufficiency Policy:
 - (1) The Housing Manager will have the non-exempt resident sign for (B) above. This receipt will be **filed** in the resident's **files**.

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

E. RESIDENT NONCOMPLIANCE

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

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

- (1) Describe the noncompliance.

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

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

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

E. PROHIBITION AGAINST REPLACEMENT OF GHA EMPLOYEES: The GHA

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

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

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

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

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

DATE

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

PRINTED NAME

GHA EMPLOYEE

DATE

Goldsboro Housing Authority

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

Name of Organization:	Name:
------------------------------	--------------

Address:

Address:

Telephone Number:

Telephone Number:

Date	# of Volunteers and/or Course Hours	Description of Work performed and/or Course taken	Supervisor Printed Name Last, First	Supervisor Signature
	Total Hours			

Completed Certification forms should be submitted monthly to your Housing Manager.

November 21, 2000

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

Dear Ms. White:

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

A. Service Requirement: Except for any family member who is an exempt individual, each

adult resident of public housing must:

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

B. Exempt Individual. An adult who:

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

(2)

C. Definitions:

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

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

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

Sincerely,

Gene D. Thomas
Executive Director

cc: Housing Manager

Organizations for Volunteer Community Service

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

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

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

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

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

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

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

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

Fairview, 1905

Communities in School
Street
(919) 735-1432
Contact Person: Sudie Davis
Variety

308 N. William

**GOLDSBORO HOUSING AUTHORITY
CLAIMING FOR EXEMPT STATUS FORM**

DATE _____ NAME _____

HEAD OF HOUSEHOLD _____

ADDRESS

Please check the appropriate block:

_____ 62 years or older

_____ Disabled individual

_____ Engaged in work

_____ Engaged in work activity under the State Program funded under part A of Title IV of the Social Security Act

_____ Is a member of a family receiving assistance, benefits or services under state program Wider Part A of Title IV of the Social Security Act, or under any other welfare program of NC, including a State administered welfare-to- work program.

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

Signature

Date

TO: HOUSING MANGER

DATE RECEIVED _____

What type of documentation was submitted?

_____ Approved

_____ Disapproved(reason) _____

DATE REVIEWED BY RESIDENT SERVICES COORDINATOR _____

DATE RESIDENT NOTIFIED OF STATUS _____

GOLDSBORO HOUSING AUTHORITY

PET POLICY

INTRODUCTION:

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

1. DEFINITIONS

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

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

- (c) **GHA** means Public Housing Authority
- (d) **GHA or Authority** means the **GOLDSBORO HOUSING AUTHORITY**.

2. RULES GOVERNING THE KEEPING OF PETS

A. Registration:

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

- (1) A certificate signed by a licensed veterinarian or a State or local authority empowered to inoculate animals (or designated agent of such an authority) stating that the pet has received all inoculations required by applicable State or local law.
- (2) Information sufficient to identify the pet and to demonstrate that it is a common household pet, and;
- (3) The name, address and phone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
- (4) The pet owner shall sign the Pet Agreement along with this Pet Policy as an addendum to the Lease Agreement. The Pet Policy and Agreement shall contain the provisions that the pet owner agrees to comply with this pet policy and Agreement; and that violation of the Pet Policy and Agreement shall be grounds for removal of the pet or termination of the pet owner's tenancy or both), in accordance with the provisions of the Lease, State and local laws.
- (5) The GHA may refuse to register a pet if that pet is not a common household pet; if the keeping of the pet would violate any applicable house pet rule; if the pet owner fails to

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

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

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

- (a) Sending a letter by first class mail, properly stamped and addressed to the resident at the dwelling unit, with a proper return address; or
- (b) Serving a copy of the notice on any adult answering the door at the pet owner's unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door; or
- (c) In case of service of notice to residents of a high-rise building, posting the notice in at least three (3) conspicuous places within the building and maintaining the posted notices intact and in legible form for 30 days.
- (d) This notice of refusal may be combined with a notice of Lease violation. The pet owner shall have the right to a grievance hearing, as stated in the GHA's Lease and Grievance Procedure.

B. Number and size of pets

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

C. Financial Obligations:

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

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

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

Deleted: A pet waste removal charge of five dollars (\$5.00) per occurrence may be assessed a pet owner that fails to remove pet wastes in accordance with the pet rules.

D. Inoculations.

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

E. Sanitary Standards.

- (1) The pet owner shall exercise due care to keep the apartment and common areas in a sanitary condition. Pets must be exercised and curbed only in areas not occasioned by pedestrian traffic, and especially not in front of any building.
- (2) The person exercising or curbing the pet will carry with them the means to clean up after the pet each time the pet is taken outside. All removable pet wastes shall be removed from the grounds immediately upon deposit by the pet and properly disposed of by the pet owner.
- (3) All cages, aquariums, litter boxes, etc. will be cleaned on a regular basis. Pet owners must change the litter at least two times weekly, or as often as necessary to prevent unsanitary conditions and odors. Pet waste must be separated from litter at least once daily.

Deleted: (4) . Pet owners will be penalized if pets are permitted to exercise or deposit their waste outside the designated areas above

F. Standards for Pet Care

- (1) No pet shall be left alone for any unreasonable length of time. If the health of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the GHA may contact the responsible party or parties listed in the pet registration required under this pet policy. If the responsible party or parties are unwilling or unable to care for the pet, or the GHA despite reasonable efforts has been unable to contact the responsible party or parties, the GHA may contact the appropriate State or local authority (or designated agent of such an authority) and request the removal of the pet. If there is no such State or local authority (or designated agent of such an authority) authorized to remove the pet under these circumstances the GHA may enter the pet owner's unit, remove that pet and place that pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner. If the pet owner (or the pet owner's estate) is unable or unwilling to pay, the cost of the animal care facility may be paid from the pet deposit.
- (2) Pets shall not be allowed to disturb other tenants in the quiet enjoyment of their homes. Pet owners will take adequate precautions to prevent a pet from disturbing other tenants; i.e. barking, howling, loud meowing, scratching, biting, etc.
- (3) Pet owners will be required to take effective flea and other pest control measure with respect to the pet and the surroundings. Failure to do so will result in termination of the pet permit and the GHA taking pet control measures at the owner's expense.

- (4) Pet owners will be required to provide proof of spaying or neutering on any cat or dog over 7 months.
- (5) Pet owners will obtain any state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.

G. Pet Restraint.

- (1) All cats and dogs shall be appropriately and effectively restrained by a leash and under the control of a responsible individual, who is capable of controlling such animal, while on the common areas of the development. No pets will be allowed to run loose upon the GHA grounds. Except while the pet is being exercised; the pet is to be kept within the confines of the apartment. No pet may be tied or chained in or on the premises. The apartment cannot be altered to accommodate, or provide an enclosure for the pet. Fences cannot be erected on the GHA grounds.
- (2) The pet owner or responsible household member shall be present during inspections and maintenance activities in the unit to control their pet; and will hold GHA harmless should the pet get loose by granting a waiver of liability.

H. TEMPORARY PETS.

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

I. PETS ASSISTING THE DISABLED.

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

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

policy shall:

- (1) Limit or impair the rights of disabled individuals.
- (2) Authorize the GHA to limit or impair the rights of disabled individuals, or
- (3) Affect any authority that the GHA may have to regulate animals that assist the disabled, under Federal, State or local law.

(J) CONFLICT.

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

(K) STATE OR LOCAL LAWS

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

(L) OWNER COMPLIANCE.

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

(M) FAMILY REQUESTS.

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

Pet Owner: _____

Date: _____

GHA Designee: _____

Date: _____

GOLDSBORO HOUSING AUTHORITY

PET AGREEMENT

ATTACHMENT NO. 1

TO

PET POLICY

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

1. The Lessor, Goldsboro Housing Authority (GHA) agrees that the Lessee, _____, is hereby given permission to keep and maintain ONE pet in the apartment rented by the Lessor. A limit of ONE pet is permitted. A current photograph of each pet is required.
2. The Lessee agrees to pay a \$250.00 refundable pet ~~deposit~~, in accordance with the requirements of the Pet Policy prior to occupancy. A \$5.00 per ~~month~~ pet ~~fee~~ will be assessed ~~the pet owner~~.
3. The Lessee agrees that their pet has been registered with the GHA and that the pet will be registered annually at reexamination; that an application has been submitted to the GHA, along with a certification completed by a licensed veterinarian or a State or local authority empowered to inoculate animals, prior to the pet being allowed on the premises, showing that the pet has received all inoculations required by applicable State and/or local law; and information sufficient to identify the pet and all other requested information. The Lessee further agrees to provide proof of spaying or neutering on any cat or dog over 7 months.
4. The Lessee agrees that only the pet accurately described and listed below is covered under this Pet Agreement. The Lessor will refuse to register a pet if that pet is not a common household pet, or the pet owner fails to furnish all required information when asked to do so. The Lessee will be notified if the Lessor decides not to register a pet.
5. The Lessee agrees to curb their pet only in the areas not occasioned by pedestrian traffic and specifically not in front of any building. Lessee will carry with them, at all times, the means to clean up after their pet each and every time the pet is outside, and agrees to remove and properly dispose of all removable pet wastes from the grounds immediately upon deposit by the pet. The Lessee ~~may have his/her lease terminated~~ if the pet is allowed to violate any of the requirements herein.

- Deleted:** fee
- Deleted:** 5.00
- Deleted:** occurrence
- Deleted:** waste removal
- Deleted:** charge
- Deleted:** for failure of
- Deleted:** to remove pet wastes

- Deleted:** will be
- Deleted:** penalized

6. The Lessee agrees to clean all cages, aquariums, litter boxes, etc. on a regular basis; change the litter at least twice weekly or as often as necessary to prevent unsanitary conditions and odors; separate waste from litter at least daily, and keep the apartment and common areas in a sanitary condition.
7. The Lessee agrees that no pet will be left alone for any unreasonable length of time. Should the PHA have to take measures to place the pet in an animal care facility, the Lessee agrees to pay the cost of the facility or if the pet owner is unwilling or unable to pay, the cost will be paid from the pet deposit.
8. The Lessee agrees that the Lessor has the right to demand that the Lessee remove the subject pet if for any reason the pet becomes a nuisance as determined solely by management, or disturbs other residents such as loud barking, meowing, howling, scratching, biting, etc,
9. The Lessee agrees that no vicious fighting or attack dogs such as Pitbulls, Rothweillers, Dobermans, Bulldogs, Chows, or German Shepherds will be allowed.
10. The Lessee agrees to the size restriction that their pet may not weigh more than 20 pounds full grown or exceed 20 inches in height.
11. The Lessee agrees to provide an acceptable flea control program; and should the PHA have to fumigate and take pest control measures directly attributable to the keeping of the pet, the costs of same will be billed to the resident.
12. The Lessee agrees to keep their pet(s) on a leash and under their control at all times when outside Lessee's apartment, and that no pet may be tied or chained in or on the premises.
13. The Lessee agrees to abide by all statutes in force by City, County, State, or other government agencies pertaining to pets. If any of the pet requirements herein are in conflict with these statutes, the City, County, State, or other government agency statutes will apply. Failure of this Policy Agreement to address any State or local law or regulation does not relieve the pet owner from complying with applicable State or local requirements.
14. The Lessee agrees that pets not owned by the Lessee are not allowed on the premises.
15. The Lessee agrees that their pet dog or cat will wear a state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.
16. The Lessee or responsible household member agrees to be present to control their pet during inspections and maintenance activities. The Lessee further agrees to grant a waiver of liability and hold GHA harmless should the pet get loose during emergency maintenance or requested work with permission to enter.

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

Deleted: <#>The pet owner agrees to obtain a homeowner's policy including liability in an amount of no less than \$100,000 limit of liability, which would provide coverage for the pet owner should the pet attack someone and cause serious injury in or outside the pet owner's property.¶

Formatted: Bullets and Numbering

Please complete the following:

DESCRIPTION:

Name of Pet: _____ Name of Pet: _____
Pet Type: Cat ___ Dog ___ Other ___ Pet Type: Cat ___ Dog ___

Other: _____

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

Resident Date

Witnessed By: (PHA Designee) Date

GOLDSBORO HOUSING AUTHORITY

PET APPLICATION

**ATTACHMENT NO 2
TO
PET POLICY**

1. How long have you owned this pet? _____
2. Has your pet lived in rental housing before? _____. If so, where? _____

 Please list the landlord's name, address, and telephone.
 Name: _____
 Address: _____
 Telephone: _____
3. Has your pet ever bitten or hurt anyone? _____. Please describe below. _____

4. (A) Age of pet: _____ (B) Type of pet: _____ C. Breed _____
 (D) Height and weight of pet: _____ (if your pet is not full-grown, please submit letter from veterinarian stating size and weight pet will be at maturity)
5. Name, address and telephone number of veterinarian that can verify inoculations, neutering and licenses (please attach proof of inoculations, neutering, and licenses).
 Name: _____
 Address: _____
 Telephone: _____
6. List any health problems of your pet: _____

7. If your pet is a cat or dog:
 (A) For cats: attach proof of declawing.
 (B) For cats and dogs: attach proof of spaying or neutering.
8. List names of two persons able to care for your pet in case of emergency, or in case of our inability to care for your pet.
 (1) Name _____ (2) Name: _____
 Address: _____ Address: _____

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

Resident: _____ Date: _____

Address: _____

Please complete the following:

DESCRIPTION:

Name of Pet _____	Name of Pet _____
Pet Type: Cat _____ Dog _____ Other _____	Pet Type: Cat _____ Dog _____ Other _____
Breed: _____ Weight: _____	Breed: _____ Weight: _____
Height: _____	Height: _____

Resident

Date

Witnessed By: (PHA Designee) Date

Definition of Substantial Deviation and Significant Amendment

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

NARRATIVE SUMMARY OF CFP PROGRAM YEAR
As of December 31, 2007

MAJOR WORK ACCOMPLISHED DURING THE PROGRAM YEAR OF January 1, 2007 THRU
DECEMBER 31, 2007 INCLUDED THE FOLLOWING:

1. CONTINUATION OF COMPREHENSIVE RENOVATIONS ON TEST BUILDING AT LINCOLN DEVELOPMENT.
2. RELOCATION OF RESIDENTS NECESSARY TO ACCOMPLISH THE COMPREHENSIVE RENOVATIONS AT THE LINCOLN DEVELOPMENT.
3. COMPLETE FENCE INSTALLATION AT LINCOLN DEVELOPMENT.
4. BEGIN HEATING AND AIR CONDITIONING INSTALLATION AT LITTLE WASHINGTON DEVELOPMENT
5. INSTALL NEW TELEPHONE SYSTEM AT COCC ADMINISTRATIVE BUILDING.
6. PARTIAL RENOVATIONS OF SERVICE CENTER/ADMINISTRATIVE BUILDING TO ACCOMMODATE ADDITIONAL STAFF.
7. ENTERED INTO A CONTRACT WITH ARCHITECTURE TO DESIGN (6) NEW UNITS AT ELMWOOD TERRACE.
8. UTILITIES UPGRADE AT THE FAIRVIEW AND LINCOLN DEVELOPMENTS.
9. ROOFS AND PORCHES AT THE LINCOLN DEVELOPMENT.

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

GRANT #NC19P01550103

THIS GRANT CLOSED IN MAY 2007.

GRANT #NC19R01550103

THIS GRANT CLOSED IN MARCH 2007.

GRANT #NC19P01550104

THIS GRANT HAS BEEN FULLY OBLIGATED AND EXPENDED AND IS DUE TO CLOSE IN FEBRUARY 2008.

GRANT #NC19R01550104

THIS GRANT CLOSED IN APRIL 2007.

GRANT #NC19P01550105

THIS GRANT IS ON SCHEDULE AND IS DUE TO CLOSE IN SUMMER 2008.

GRANT #NC19R01550105

THIS GRANT IS ON SCHEDULE AND IS DUE TO CLOSE IN SUMMER 2008.

GRANT #NC19P01550106

THIS GRANT IS ON SCHEDULE.

GRANT #NC19R01550206

THIS GRANT IS ON SCHEDULE.

GRANT #NC19P01550206

THIS GRANT IS ON SCHEDULE.

GRANT #NC19R01550406

THIS GRANT IS ON SCHEDULE.

GRANT #NC19P01550107

THERE HAS BEEN NO ACTIVITY IN THIS GRANT

ACTUAL OBLIGATIONS DECEMBER 31, 2007

GRANT NC19R01550103	\$ 5,953.00
GRANT NC19P01550203	\$ 354,453.00
GRANT NC19P01550104	\$2,052,821.00
GRANT NC19R01550104	\$ 6,894.00
GRANT NC19P01550105	\$2,181,832.00

GRANT NC19R01550105	\$	7,163.00
GRANT NC19P01550106	\$	1,115,873.10
GRANT NC19R01550206	\$	6,607.00
GRANT NC19P01550206	\$	70,699.31
GRANT NC19R01550406	\$	0.00
GRANT NC19P01550107	\$	0.00

ACTUAL EXPENDITURES DECEMBER 31, 2007

GRANT NC19R01550103	\$	5,953.00
GRANT NC19P01550203	\$	354,453.00
GRANT NC19P01550104	\$	2,052,821.00
GRANT NC19R01550104	\$	6,894.00
GRANT NC19P01550105	\$	1,934,945.66
GRANT NC19R01550105	\$	1,926.31
GRANT NC19P01550106	\$	958,539.46
GRANT NC19R01550206	\$	0.00
GRANT NC19P01550206	\$	0.00
GRANT NC19R01550406	\$	0.00
GRANT NC19P01550107	\$	0.00

EXPLANATION OF PERFORMANCE ON IMPLEMENTATION SCHEDULE

GRANT NC19P01550103	-	CLOSED IN MAY 2007
GRANT NC19R01550103	-	CLOSED IN MARCH 2007
GRANT NC19P01550104	-	DUE TO CLOSE FEBRUARY 2008
GRANT NC19R01550104	-	CLOSED IN APRIL 2007
GRANT NC19P01550105	-	ON SCHEDULE-DUE TO CLOSE IN SUMMER 2008
GRANT NC19R01550105	-	ON SCHEDULE-DUE TO CLOSE IN SUMMER 2008
GRANT NC19P01550106	-	ON SCHEDULE

GRANT NC19R01550206 - ON SCHEDULE
GRANT NC19P01550206 - ON SCHEDULE
GRANT NC19R01550406 - NO ACTIVITY
GRANT NC19P01550107 - NO ACTIVITY

THE HOUSING AUTHORITY HAS UPDATED THE NEEDS ASSESSMENT FOR 2007 WHICH IS NOW ON FILE FOR REVIEW AT THE GOLDSBORO HOUSING AUTHORITY OFFICE.

END OF NARRATIVE REPORT

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

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

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

HA Name Goldsboro Housing Authority		Locality: (City/County & State) Goldsboro, Wayne County, North Carolina		<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision No.
A. Development Number/Name	Work Statement for Year 1 2008 FFY: _____	Work Statement for Year 2 2009 FFY: _____	Work Statement for Year 3 2010 FFY: _____	Work Statement for Year 4 2011 FFY: _____	Work Statement for Year 5 2012 FFY: _____
AMP 1, NC15-1,3 FAIRVIEW APARTMENTS	SEE	8,000	8,000	8,000	8,000
AMP 2, NC15-2,4 LINCOLN APARTMENTS		1,285,800	1,285,800	1,285,800	1,285,800
AMP 3 - DEVELOPMENTS	ANNUAL	6,000	6,000	6,000	6,000
NC15-5, WOODCREST TERRACE		0	0	0	0
NC15-6, ELMWOOD TERRACE	STATEMENT	0	0	0	0
NC15-8, LITTLE WASHINGTON		0	0	0	0
AMP 4, NC15-7 WEST HAVEN		5,000	5,000	5,000	5,000
PHA - WIDE - COCC		300,000	300,000	300,000	300,000
B. Physical Improvements Subtotal		1,604,800	1,604,800	1,604,800	1,604,800
C. Management Improvements		52,000	52,000	52,000	52,000
D. HA-Wide Nondwelling Structures & Equipment		35,000	35,000	35,000	35,000
E. Administration		216,732	216,732	216,732	216,732
F. Other		158,796	158,796	158,796	158,796
G. Operations		100,000	100,000	100,000	100,000
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds		2,167,328	2,167,328	2,167,328	2,167,328
L. Total Non-CGP Funds					
M. Grand Total		2,167,328	2,167,328	2,167,328	2,167,328
Signature of Executive Director X		Date:	Signature of Public Housing Director/Office of Native American Programs Administrator		Date:

**Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Capital Fund Program (CFP)**

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

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

Work Statement for Year 1 FFY: 2008	Work Statement for Year 2 FFY: 2009			Work Statement for Year 3 FFY: 2010		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	SEE ANNUAL STATEMENT					
	AMP 1 NC15-1,3 Fairview Fairview East			AMP 1 NC15-1,3 Fairview Fairview East		
	Sitework Sitework/Utility Renovations/gas/water/sewer	L.S.	8,000 0	Sitework Sitework/Utility Renovations/gas/water/sewer	L.S.	8,000 0
	AMP 2 NC15-2,4 Lincoln			AMP 2 NC15-2,4 Lincoln		
	Comprehensive Renovations	20 du	1,100,000	Comprehensive Renovations	20 du	1,100,000
	Fringe Benefits - Force Account	L.S.	114,600	Fringe Benefits - Force Account	L.S.	114,600
	Ranges	20 du	5,300	Ranges	20 du	5,300
	Refrigerators	20 du	6,800	Refrigerators	20 du	6,800
	Relocation	L.S.	9,100	Relocation	L.S.	9,100
	Sitework	L.S.	10,000	Sitework	L.S.	10,000
	Sitework/Utilities Upgrade	L.S.	15,000	Sitework/Utilities Upgrade	L.S.	15,000
	Sitework/Dumpsters	L.S.	5,000	Sitework/Dumpsters	L.S.	5,000
	Fees & Costs	L.S.	20,000	Fees & Costs	L.S.	20,000
	Demolition	L.S.	0	Demolition	L.S.	0
	Development	L.S.	0	Development	L.S.	0
	Subtotal of Estimated Cost		1,293,800	Subtotal of Estimated Cost		1,293,800

form HUD 52834(10/96)
ref Handbok 7485.3

**Part II: Supporting Pages
Physical Needs Work Statement(s)
Capital Fund Program (CFP)**

and Urban Development
Office of Public and Indian Housing

Work Statement for Year 1 FFY: 2008	Work Statement for Year 2 FFY: 2009			Work Statement for Year 3 FFY: 2010				
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
SEE ANNUAL STATEMENT	<p align="center">AMP 3 NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington</p>	L.S.	0 0 6,000 0	<p align="center">AMP 3 NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington</p>	L.S.	0 0 6,000 0		
	HVAC/Water Heater Installation			0			HVAC/Water Heater Installation	0
	Entry/Interior Door/Hardware			0			Entry/Interior Door/Hardware	0
	Sitework		6,000	Sitework		6,000		
	Development - New Construction NC15-6		0	Development - New Construction NC15-6		0		
	<p align="center">AMP 4 NC15-7 West Haven</p>	L.S.	5,000	<p align="center">AMP 4 NC15-7 West Haven</p>	L.S.	5,000		
	Sitework			Replacement Gas Meters				
	<p align="center">PHA Wide - CCOC</p>	L.S.	300,000	<p align="center">PHA Wide - CCOC</p>	L.S.	300,000		
	Debt Service			Debt Service				
	Subtotal of Estimated Cost		311,000	Subtotal of Estimated Cost		311,000		

**Physical Needs
Capital Fund Program (CFP)**

Office of Public and Indian Housing

Work Statement for Year 1 FFY: 2008	Work Statement for Year 2 FFY: 2009			Work Statement for Year 3 FFY: 2010		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<u>NON DWELL STRUCTURES & EQUIPMENT</u>			<u>NON DWELL STRUCTURES & EQUIPMENT</u>		
	<u>AMP 1</u>			<u>AMP 1</u>		
	COMPUTER/COPIER HARDWARE		2,500	COMPUTER/COPIER HARDWARE		2,500
	<u>AMP 2</u>			<u>AMP 2</u>		
	Computer/Copier Hardware	L.S.	2,500	Computer/Copier Hardware	L.S.	2,500
	Auto Equipment	L.S.	25,000	Auto Equipment	L.S.	25,000
	<u>AMP 3</u>			<u>AMP 3</u>		
	Computer/Copier Hardware	L.S.	2,500	Computer/Copier Hardware	L.S.	2,500
	<u>AMP 4</u>			<u>AMP 4</u>		
	Computer/Copier Hardware	L.S.	2,500	Computer/Copier Hardware	L.S.	2,500
Subtotal of Estimated Cost			35,000	Subtotal of Estimated Cost		35,000

form HUD 52834(10/96)
ref Handbok 7485.3

Capital Fund Program (CFP)

Work Statement for Year 1 FFY: 2008	Work Statement for Year 4 FFY: 2011			Work Statement for Year 5 FFY: 2012		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<u>AMP 1</u> NC15-1,3 Fairview Fairview East			<u>AMP 1</u> NC15-1,3 Fairview Fairview East		
	Sitework Sitework/Utility Renovations/gas/water/sewer	L.S.	8,000 0	Sitework Sitework/Utility Renovations/gas/water/sewer	L.S.	8,000 0
	<u>AMP 2</u> NC15-2,4 Lincoln			<u>AMP 2</u> NC15-2,4 Lincoln		
	Comprehensive Renovations	20 du	1,100,000	Comprehensive Renovations	20 du	1,100,000
	Fringe Benefits - Force Account	L.S.	114,600	Fringe Benefits - Force Account	L.S.	114,600
	Ranges	20 du	5,300	Ranges	20 du	5,300
	Refrigerators	20 du	6,800	Refrigerators	20 du	6,800
	Relocation	L.S.	9,100	Relocation	L.S.	9,100
	Sitework	L.S.	10,000	Sitework	L.S.	10,000
	Sitework/Utilities Upgrade	L.S.	15,000	Sitework/Utilities Upgrade	L.S.	15,000
	Sitework/Dumpsters	L.S.	5,000	Sitework/Dumpsters	L.S.	5,000
	Fees & Costs	L.S.	20,000	Fees & Costs	L.S.	20,000
	Demolition	L.S.	0	Demolition	L.S.	0
	Development	L.S.	0	Development	L.S.	0
	Subtotal of Estimated Cost		1,293,800	Subtotal of Estimated Cost		1,293,800

form HUD 52834(10/96)
ref Handbook 7485.3

Work Statement for Year 1 FFY: 2008	Work Statement for Year 4 FFY: 2011			Work Statement for Year 5 FFY: 2012		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<u>AMP 3</u> NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington HVAC/Water Heater Installation Entry/Interior Door/Hardware Sitework Development - New Construction NC15-6	L.S.	0 0 6,000 0	<u>AMP 3</u> NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington HVAC/Water Heater Installation Entry/Interior Door/Hardware Sitework Development - New Construction NC15-6	L.S.	0 0 6,000 0
	<u>AMP 4</u> NC15-7 West Haven Sitework	L.S.	5,000	<u>AMP 4</u> NC15-7 West Haven Sitework	L.S.	5,000
	<u>PHA Wide - CCOC</u> Debt Service		300,000	<u>PHA Wide - CCOC</u> Debt Service		300,000

form HUD 52834(10/96)

ref Handbook 7485.3

**Five-Year Action Plan
Part II: Supporting Pages
Physical Needs
Capital Fund Program (CFP)**

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

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

Statement for Year 1 FFY: 2008	FFY: 2011			FFY: 2012		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<u>NON DWELL STRUCTURES & EQUIPMENT</u>			COMPUTER/COPIER HARDWARE <u>NON DWELL STRUCTURES & EQUIPMENT</u>		
	<u>AMP 1</u>			<u>AMP 1</u>		
	COMPUTER/COPIER HARDWARE		2,500	COMPUTER/COPIER HARDWARE		2,500
	<u>AMP 2</u>			<u>AMP 2</u>		
	Computer/Copier Hardware	L.S.	2,500	Computer/Copier Hardware	L.S.	2,500
	Auto Equipment	L.S.	25,000	Auto Equipment	L.S.	25,000
	<u>AMP 3</u>			<u>AMP 3</u>		
	Computer/Copier Hardware	L.S.	2,500	Computer/Copier Hardware	L.S.	2,500
	<u>AMP 4</u>			<u>AMP 4</u>		
	Computer/Copier Hardware	L.S.	2,500	Computer/Copier Hardware	L.S.	2,500
	Subtotal of Estimated Cost		35,000	Subtotal of Estimated Cost		35,000

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

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

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

Work Statement for Year 1 FFY: 2008	Work Statement for Year 2 FFY: 2009			Work Statement for Year 3 FFY: 2010		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
SEE STATEMENT	AMP 1 NC15-1,3 Fairview			AMP 1 NC15-1,3 Fairview		
	Management Improvement/Salaries/Benefits	L.S.	0	Management Improvement/Salaries/Benefits	L.S.	0
	Employee Training	L.S.	12,000	Employee Training	L.S.	12,000
	Computer Software	L.S.	1,000	Computer Software	L.S.	1,000
			0			0
	AMP 2 NC15-2,4 Lincoln			AMP 2 NC15-2,4 Lincoln		
	Management Improvements/Salaries/Benefits	L.S.	0	Management Improvements/Salaries/Benefits	L.S.	0
	Employee Training	L.S.	12,000	Employee Training	L.S.	12,000
	Computer Software	L.S.	1,000	Computer Software	L.S.	1,000
			0			0
	AMP 3 NC15-5 Woodcrest NC15-6 Elmwood NC15-8 Little Washington			AMP 3 NC15-5 Woodcrest NC15-6 Elmwood NC15-8 Little Washington		
	Management Improvement/Salaries/Benefits	L.S.	12,000	Management Improvement/Salaries/Benefits	L.S.	12,000
	Employee Training	L.S.	1,000	Employee Training	L.S.	1,000
	Computer Software		0	Computer Software		0
	AMP 4 NC15-7			AMP 4 NC15-7		
	Management Improvements/Salaries/Benefits	L.S.	12,000	Management Improvements/Salaries/Benefits	L.S.	12,000
	Employee Training	L.S.	1,000	Employee Training	L.S.	1,000
	Computer Software	L.S.	0	Computer Software	L.S.	0
	PHA Wide			PHA Wide		
	Operations	L.S.	100,000	Operations	L.S.	100,000
Administrative Management Fees	L.S.	216,732	Administrative Management Fees	L.S.	216,732	
Audit		5,000	Audit		5,000	
Contingency		153,796	Contingency		153,796	
Subtotal of Estimated Cost			527,528	Subtotal of Estimated Cost		
				527,528		

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

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

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

Work Statement for Year 1 FFY: 2008	Work Statement for Year 4 FFY: 2011			Work Statement for Year 5 FFY: 2012		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	AMP 1 NC15-1,3 Fairview			AMP 1 NC15-1,3 Fairview		
	Management Improvement/Salaries/Benefits	L.S.	0	Management Improvement/Salaries/Benefits	L.S.	0
	Employee Training	L.S.	12,000	Employee Training	L.S.	12,000
	Computer Software	L.S.	1,000	Computer Software	L.S.	1,000
			0			0
	AMP 2 NC15-2,4 Lincoln			AMP 2 NC15-2,4 Lincoln		
	Management Improvements/Salaries/Benefits	L.S.	0	Management Improvements/Salaries/Benefits	L.S.	0
	Employee Training	L.S.	12,000	Employee Training	L.S.	12,000
	Computer Software	L.S.	1,000	Computer Software	L.S.	1,000
			0			0
	AMP 3 NC15-5 Woodcrest NC15-6 Elmwood NC15-8 Little Washington			AMP 3 NC15-5 Woodcrest NC15-6 Elmwood NC15-8 Little Washington		
	Management Improvement/Salaries/Benefits	L.S.	12,000	Management Improvement/Salaries/Benefits	L.S.	12,000
	Employee Training	L.S.	1,000	Employee Training	L.S.	1,000
	Computer Software		0	Computer Software		0
	AMP 4 NC15-7			AMP 4 NC15-7		
	Management Improvements/Salaries/Benefits	L.S.	12,000	Management Improvements/Salaries/Benefits	L.S.	12,000
	Employee Training	L.S.	1,000	Employee Training	L.S.	1,000
	Computer Software	L.S.	0	Computer Software	L.S.	0
	PHA Wide			PHA Wide		
	Operations	L.S.	100,000	Operations	L.S.	100,000
Administrative Management Fees	L.S.	216,732	Administrative Management Fees	L.S.	216,732	
Audit		5,000	Audit		5,000	
Contingency		153,796	Contingency		153,796	
Subtotal of Estimated Cost			527,528	Subtotal of Estimated Cost		
				527,528		

Annual Statement /Performance and Evaluation Report

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550104 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 Number	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/07
<input 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 21)	100,000.00	100,000.00	100,000.00	100,000.00
3	1408 Management Improvements	210,701.44	210,701.44	210,701.44	210,701.44
4	1410 Administration	186,926.43	186,926.43	186,926.43	186,926.43
5	1411 Audit	2,300.00	2,300.00	2,300.00	2,300.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	49,182.72	49,182.72	49,182.72	49,182.72
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	102,852.39	102,852.39	102,852.39	102,852.39
10	1460 Dwelling Structures	1,336,136.47	1,336,136.47	1,336,136.47	1,336,136.47
11	1465.1 Dwelling Equipment - Nonexpendable	13,435.71	13,435.71	13,435.71	13,435.71
12	1470 Nondwelling Structures	13,806.82	13,806.82	13,806.82	13,806.82
13	1475 Nondwelling Equipment	37,479.02	37,479.02	37,479.02	37,479.02
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency (May not exceed 8% of line 21)	0.00	0.00	0.00	0.00
21	Amount of Annual Grant (Sum of lines 2-20)	2,052,821.00	2,052,821.00	2,052,821.00	2,052,821.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Cost	3,523.16	3,523.16	3,523.16	3,523.16
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

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

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

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	0.00	0.00	0.00		
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	0.00	0.00	0.00		
	Admin Office Renovation	1470	L.S.	7,350.36	7,350.36	7,350.36	7,350.36	COMPLETE
	Center/Alarm System	1470	L.S.	0.00	0.00			
NC 15-2 LINCOLN	Sitework	1450	L.S.	1,871.05	1,871.05	1,871.05	1,871.05	COMPLETE
	Comprehensive Renovations	1460	L.S.	123,582.38	123,582.38	123,582.38	123,582.38	COMPLETE
NC 15-3 FAIRVIEW	Sitework	1450	L.S.	0.00	0.00			
NC 15-4 LINCOLN	Sitework	1450	L.S.	387.23	387.23	387.23	387.23	COMPLETE
	Sitework - fence installation	1450	L.S.	55,831.00	55,831.00	55,831.00	55,831.00	COMPLETE
NC 15-5 WOODCREST	Sitework	1450	L.S.	237.08	237.08	237.08	237.08	COMPLETE
	Roof Replacement	1460	75 du	164,364.75	164,364.75	164,364.75	164,364.75	COMPLETE
NC 15-6 ELMWOOD	Comprehensive Renovations	1460	21 du	565,338.57	565,338.57	565,338.57	565,338.57	COMPLETE
	Relocation Cost	1495	L.S.	0.00	0.00	0.00	0.00	
	Ranges	1465	21 du	0.00	0.00	0.00	0.00	
	Refrigerators	1465	21 du	4,131.96	4,131.96	4,131.96	4,131.96	COMPLETE
	Sitework	1450	L.S.	37,714.89	37,714.89	37,714.89	37,714.89	COMPLETE
	Roof Replacement	1460	139 du	278,674.21	278,674.21	278,674.21	278,674.21	COMPLETE

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

PHA Name			Grant Type and Number				Federal FY of Grant:	
Housing Authority of the City of Goldsboro			Capital Fund Program Grant No.: NC19PO1550104 Replacement Housing Factor Grant No:				2004	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-7								
WEST HAVEN	Sitework	1450	L.S.	4,931.80	4,931.80	4,931.80	4,931.80	COMPLETE
FAIRVIEW EAST	Entrance Door/Hardware	1460	300 du	3,523.16	3,523.16	3,523.16	3,523.16	COMPLETE
	Kitchen Renovations	1460	0	0.00	0.00	0.00	0.00	
	Heating System Changeouts	1460	65 du.	0.00	0.00	0.00	0.00	
	Ranges	1465		0.00	0.00	0.00	0.00	
	Laundromat	1470	L.S.	930.76	930.76	930.76	930.76	COMPLETE
NC 15-8	Heating System Changeouts	1460	50 du.	0.00	0.00	0.00	0.00	
LITTLE								
WASHINGTON	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
	Floor Tile Replacement	1460	50 du.	0.00	0.00	0.00	0.00	
PHA WIDE	Auto Equipment	1475		0.00	0.00	0.00	0.00	
NONDWELL	Computer Upgrade	1475		24,237.06	24,237.06	24,237.06	24,237.06	COMPLETE
EQUIPMENT	Office & Maintenance Equipment	1475		13,241.96	13,241.96	13,241.96	13,241.96	COMPLETE
	MOD Shop Electrical Upgrade	1470		5,525.70	5,525.70	5,525.70	5,525.70	COMPLETE
PHA WIDE	Operations	1406		100,000.00	100,000.00	100,000.00	100,000.00	COMPLETE
	Resident Management Training/ Assist Resident Groups	1408		0.00	0.00	0.00	0.00	
	Employee Training	1408		2,211.76	2,211.76	2,211.76	2,211.76	COMPLETE
	Consult Computer Conversion	1408		10,100.00	10,100.00	10,100.00	10,100.00	COMPLETE
	Computer Software	1408		800.00	800.00	800.00	800.00	COMPLETE
	Salary - Police	1408		0.00	0.00	0.00	0.00	
	Manager Informations System	1408		82,823.20	82,823.20	82,823.20	82,823.20	COMPLETE
	Fringe Benefits	1408		33,625.62	33,625.62	33,625.62	33,625.62	COMPLETE
	Management Improvement	1408		81,140.86	81,140.86	81,140.86	81,140.86	COMPLETE
	Fringe Benefits - Uniforms	1460		956.25	956.25	956.25	956.25	COMPLETE

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Administrative Salaries	1410		131,517.64	131,517.64	131,517.64	131,517.64	COMPLETE
	Benefits	1410		53,954.82	53,954.82	53,954.82	53,954.82	COMPLETE
	Sundry	1410		1,453.97	1,453.97	1,453.97	1,453.97	COMPLETE
	Audit	1411		2,300.00	2,300.00	2,300.00	2,300.00	COMPLETE
	Fees/Costs	1430		49,182.72	49,182.72	49,182.72	49,182.72	COMPLETE
	Fees/Costs/ Engineering Study	1430		0.00	0.00	0.00	0.00	
	Contingency	1502		0.00	0.00	0.00	0.00	
	Fringe Benefits	1460		199,697.15	199,697.15	199,697.15	199,697.15	COMPLETE
	Fringe Benefits	1450		1,879.34	1,879.34	1,879.34	1,879.34	COMPLETE
PHA WIDE DWELL EQUIP	Ranges	1465		0.00	0.00	0.00	0.00	
	Refrigerators	1465		9,303.75	9,303.75	9,303.75	9,303.75	COMPLETE
				2,052,821.00	2,052,821.00	2,052,821.00	2,052,821.00	



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

PHA Name			Grant Type and Number			Federal FY of Grant:	
Housing Authority of the City of Goldsboro			Capital Fund Program Grant No.: NC19PO1550104 Replacement Housing Factor Grant No:			2004	
Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	Sep-06		Sep-06	Sep-08		Jun-06	
NC 15-2 LINCOLN	Sep-06		Sep-06	Sep-08		Jan-07	
NC 15-3 FAIRVIEW	Sep-06		Sep-06	Sep-08		N/A	
NC 15-4 LINCOLN	Sep-06		Sep-06	Sep-08		Apr-07	
NC 15-5 WOODCREST	Sep-06		Sep-06	Sep-08		Jan-07	
NC 15-6 ELMWOOD	Sep-06		Sep-06	Sep-08		Jan-07	
NC 15-7 WEST HAVEN	Sep-06		Sep-06	Sep-08		Sep-06	
NC 15-8 LITTLE WASHINGTON	Sep-06		Sep-06	Sep-08		Jun-06	

Annual Statement /Performance and Evaluation Report

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
--	--	----------------------------------

<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/2007
<input 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	414.86	414.86	414.86	414.86
2	1406 Operations (May not exceed 10% of line 21)	100,000.00	100,000.00	100,000.00	100,000.00
3	1408 Management Improvements	195,640.80	195,640.80	197,953.67	176,054.69
4	1410 Administration	182,593.55	182,593.55	181,930.48	181,930.48
5	1411 Audit	2,300.00	2,300.00	2,300.00	2,300.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	112,000.00	112,000.00	117,851.68	54,039.68
8	1440 Site Acquisition	107,173.00	107,173.00	0.00	0.00
9	1450 Site Improvement	17,564.04	17,564.04	19,272.20	19,272.20
10	1460 Dwelling Structures	1,218,336.16	1,218,336.16	1,398,872.22	1,237,696.86
11	1465.1 Dwelling Equipment - Nonexpendable	9,075.00	9,075.00	3,494.04	3,494.04
12	1470 Nondwelling Structures	60,000.00	60,000.00	42,129.58	42,129.58
13	1475 Nondwelling Equipment	156,619.39	156,619.39	104,018.36	104,018.36
14	1485 Demolition	0.00	0.00	0.00	
15	1490 Replacement Reserve	0.00	0.00	0.00	
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	
17	1495.1 Relocation Costs	15,000.00	15,000.00	14,009.77	14,009.77
18	1499 Development Activities	0.00	0.00	0.00	
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	
20	1502 Contingency (May not exceed 8% of line 21)	5,530.06	5,530.06	0.00	
21	Amount of Annual Grant (Sum of lines 2-20)	2,181,832.00	2,181,832.00	2,181,832.00	1,934,945.66
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Cost	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

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

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

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name				Grant Type and Number				Federal FY of Grant:
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550105				2005
				Replacement Housing Factor Grant No:				
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	0.00	0.00	4,197.43	4,197.43	To Be Revised
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	0.00	0.00			
	Admin Bldg-Maintenance Shop Renovations/Shelter	1470	L.S.	0.00	0.00			
NC 15-2 LINCOLN	Comprehensive Renovations Ranges	1460	15 du.	799,999.83	799,999.83	1,009,418.91	981,818.91	To Be Revised
	Refrigerators	1465	15 du.	3,945.00	3,945.00	1,584.23	1,584.23	To Be Revised
	Relocation	1465	15 du.	5,130.00	5,130.00	1,909.81	1,909.81	To Be Revised
	Sitework	1495	L.S.	15,000.00	15,000.00	14,009.77	14,009.77	To Be Revised
	Admin Bldg-Maintenance Shop Renovations/Shelter	1450	L.S.	0.00	0.00	0.00	0.00	
		1470	L.S.	0.00	0.00	0.00	0.00	
NC 15-3 FAIRVIEW	Sitework	1450	L.S.	0.00	0.00			
NC 15-4 LINCOLN	Sitework	1450	L.S.	0.00	0.00			
	Sitework - Fence Installation	1450	L.S.	8,822.85	8,822.85	7,610.43	7,610.43	To Be Revised
NC 15-5 WOODCREST	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
	Roof Replacement	1460	L.S.	0.00	0.00	0.00	0.00	
	Ext Trim/General Ext Cleaning	1460	75 du.	0.00	0.00	0.00	0.00	
NC 15-6 ELMWOOD	Roof Replacement	1460	139 du.	0.00	0.00	0.00	0.00	
	Sitework	1450	L.S.	3,355.94	3,355.94	3,355.94	3,355.94	Complete
	Development -New Construction	1499		0.00	0.00	0.00	0.00	
	Comprehensive Renovations	1460	L.S.	1,061.33	1,061.33	81.41	81.41	To Be Revised
	Site Acquisition	1440	1 du.	107,173.00	107,173.00	0.00	0.00	To Be Revised

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

PHA Name				Grant Type and Number				Federal FY of Grant:
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550105 Replacement Housing Factor Grant No:				2005
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-7 WEST HAVEN	Sitework	1450	L.S.	3,385.25	3,385.25	3,385.25	3,385.25	Complete
FAIRVIEW EAST	HVAC/Water Heater Installation	1460	32 du.	0.00	0.00			
	Admin Bldg-Maintenance Shop Renovations/Shelter	1470	L.S.	0.00	0.00			
NC 15-8 LITTLE	HVAC/Water Heater Installation	1460	50 du.	250,000.00	250,000.00	210,814.00	77,238.64	Under Contract - To Be Revised
WASHINGTON	Entrance Door/Hardware	1460		0.00	0.00			
	Admin Bldg-Maintenance Shop Renovations/Shelter	1470	L.S.	0.00	0.00			
PHA WIDE	Auto Equipment	1475	L.S.	35,000.00	35,000.00	49,463.45	49,463.45	Complete - To Be Revised
NONDWELL	Computer Upgrade	1475	L.S.	10,000.00	10,000.00	2,412.80	2,412.80	Complete - To Be Revised
EQUIPMENT	Office & Maintenance Equipment	1475	L.S.	111,619.39	111,619.39	52,142.11	52,142.11	Complete - To Be Revised
PHA WIDE	Operations	1406	L.S.	100,000.00	100,000.00	100,000.00	100,000.00	Completed
	Resident Management Training/ Assist Resident Groups	1408	L.S.	0.00	0.00			
	Employee Training	1408	L.S.	1,838.24	1,838.24	1,838.24	1,838.24	Complete To Be Revised
	Consult Computer Conversion	1408	L.S.	2,775.00	2,775.00	2,775.00	2,775.00	Complete To Be Revised
	Computer Software	1408	L.S.	16,996.14	16,996.14	16,996.14	16,996.14	Complete
	Salary - Police	1408	L.S.	0.00	0.00			
	Manager Informations System	1408	L.S.	42,000.00	42,000.00	44,401.95	22,502.97	In Progress - To Be Revised
	Fringe Benefits	1408	L.S.	42,000.00	42,000.00	41,910.92	41,910.92	Complete To Be Revised
	Management Improvement	1408	L.S.	90,031.42	90,031.42	90,031.42	90,031.42	Complete

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name				Grant Type and Number				Federal FY of Grant:
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550105				2005
				Replacement Housing Factor Grant No:				
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Administrative Salaries	1410	L.S.	124,140.03	124,140.03	124,404.30	124,404.30	Complete To Be Revised
	Benefits	1410	L.S.	53,965.30	53,965.30	53,965.30	53,965.30	Complete
	Sundry	1410	L.S.	4,488.22	4,488.22	3,560.88	3,560.88	Complete To Be Revised
	Audit	1411	L.S.	2,300.00	2,300.00	2,300.00	2,300.00	Complete
	Fees/Costs	1430	L.S.	112,000.00	112,000.00	117,851.68	54,039.68	In Progress To Be Revised
	Fees/Costs/ Engineering Study	1430	L.S.	0.00	0.00			
	Contingency	1502	L.S.	5,530.06	5,530.06	0.00	0.00	
	Fringe Benefits	1460	L.S.	166,175.00	166,175.00	177,766.41	177,766.41	Complete To Be Revised
	Fringe Benefits	1450	L.S.	2,000.00	2,000.00	723.15	723.15	Complete To Be Revised
	Fringe Benefits - Uniforms	1460	L.S.	1,100.00	1,100.00	791.49	791.49	Complete To Be Revised
	Service Center/Admin. Renov.	1470	L.S.	60,000.00	60,000.00	42,129.58	42,129.58	Complete To Be Revised
PHA WIDE DWELL EQUIP	Ranges	1465		0.00	0.00	0.00	0.00	
	Refrigerators	1465	\	0.00	0.00	0.00	0.00	
				2,181,832.00	2,181,832.00	2,181,832.00	1,934,945.66	
	NON CGP FUNDS - INSURANCE	1475		414.86	414.86	414.86	414.86	Complete

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

PHA Name			Grant Type and Number			Federal FY of Grant:	
Housing Authority of the City of Goldsboro			Capital Fund Program Grant No.: NC19PO1550105 Replacement Housing Factor Grant No:			2005	
Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	Aug-07		Jun-07	Aug-09		Jul-07	
NC 15-2 LINCOLN	Aug-07		Jul-07	Aug-09		Oct-07	
NC 15-3 FAIRVIEW	Aug-07		N/A	Aug-09		N/A	
NC 15-4 LINCOLN	Aug-07		Sep-06	Aug-09		Dec-06	
NC 15-5 WOODCREST	Aug-07		N/A	Aug-09		N/A	
NC 15-6 ELMWOOD	Aug-07		Jul-07	Aug-09		Jun-07	
NC 15-7 WEST HAVEN	Aug-07		Jul-06	Aug-09		Aug-06	
NC 15-8 LITTLE WASHINGTON	Aug-07		Aug-06	Aug-09			

Annual Statement /Performance and Evaluation Report

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550106 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 Number	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/07
<input 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 21)	100,000.00	100,000.00	100,000.00	100,000.00
3	1408	Management Improvements	176,530.00	176,530.00	93,679.17	92,394.62
4	1410	Administration	198,237.00	198,237.00	144,737.43	143,256.02
5	1411	Audit	5,000.00	5,000.00	0.00	0.00
6	1415	Liquidated Damages	0.00	0.00	0.00	0.00
7	1430	Fees and Costs	50,000.00	50,000.00	35,000.00	0.00
8	1440	Site Acquisition	0.00	0.00	0.00	0.00
9	1450	Site Improvement	158,206.00	158,206.00	36,077.97	33,406.21
10	1460	Dwelling Structures	866,200.00	866,200.00	674,692.09	559,948.75
11	1465.1	Dwelling Equipment - Nonexpendable	9,075.00	9,075.00	3,494.04	3,494.04
12	1470	Nondwelling Structures	26,500.00	26,500.00	18,187.52	16,557.66
13	1475	Nondwelling Equipment	33,200.00	33,200.00	5,227.20	4,704.48
14	1485	Demolition	0.00	0.00	0.00	0.00
15	1490	Replacement Reserve	0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs	5,113.00	5,113.00	4,777.68	4,777.68
18	1499	Development Activities	330,000.00	330,000.00	0.00	0.00
19	1501	Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502	Contingency (May not exceed 8% of line 21)	25,205.00	25,205.00	0.00	0.00
21	Amount of Annual Grant (Sum of lines 2-20)		1,983,266.00	1,983,266.00	1,115,873.10	958,539.46
22	Amount of line 21 Related to LBP Activities		0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 Compliance		0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Cost		0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Cost		0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures		0.00	0.00	0.00	0.00

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

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

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

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name				Grant Type and Number				Federal FY of Grant:
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550106				2006
				Replacement Housing Factor Grant No:				
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	3,000.00	3,000.00	3,142.99	3,142.99	In Progress - To Be Revised
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	30,000.00	30,000.00	6,274.93	6,274.93	In Progress
	Maintenance Workshop	1470	L.S.	0.00	0.00			
NC 15-2 LINCOLN	Comprehensive Renovations Ranges	1465	15 du.	750,000.00	750,000.00	503,494.30	393,133.21	In Progress
	Refrigerators	1465	15 du.	3,945.00	3,945.00	1,584.23	1,584.23	In Progress
	Relocation	1495	L.S.	5,130.00	5,130.00	1,909.81	1,909.81	In Progress
	Sitework/Utilities Upgrade	1450	L.S.	5,113.00	5,113.00	4,777.68	4,777.68	In Progress
	Maintenance Workshop	1470		11,000.00	11,000.00	6,629.33	3,957.57	In Progress
	Sitework	1470		0.00	0.00	0.00	0.00	
	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	To Be Revised
NC 15-3 FAIRVIEW	Sitework	1450	L.S.	3,000.00	3,000.00	2,726.67	2,726.67	In Progress
	Roof Replacement	1460	115 du.	0.00	0.00	0.00	0.00	
NC 15-4 LINCOLN	Sitework/Utilities Upgrade	1450	L.S.	10,000.00	10,000.00	0.00	0.00	In Progress
	Roofs/Porches	1460	L.S.	0.00	0.00	24,760.00	24,760.00	In Progress - To Be Revised
NC 15-5 WOODCREST	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Maintenance Workshop	1470		0.00	0.00	0.00	0.00	
NC 15-6 ELMWOOD	Roof Replacement	1460	139 du.	0.00	0.00	0.00	0.00	
	Sitework	1450	L.S.	5,000.00	5,000.00	676.80	676.80	In Progress
	Demolition Activities	1485	7 du.	0.00	0.00	0.00	0.00	Pending
	Development -New Construction	1499	7 du.	330,000.00	330,000.00	0.00	0.00	Pending
	Maintenance Workshop	1470		0.00	0.00	0.00	0.00	
NC 15-7 WEST HAVEN FAIRVIEW EAST	Sitework	1450	L.S.	14,000.00	14,000.00	14,685.61	14,685.61	In Progress - To Be Revised
	HVAC/Water Heater Installation	1460	18 du.	0.00	0.00	0.00	0.00	Pending
	Maintenance Workshop	1470		0.00	0.00	0.00	0.00	

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

PHA Name			Grant Type and Number				Federal FY of Grant:	
Housing Authority of the City of Goldsboro			Capital Fund Program Grant No.: NC19PO1550106 Replacement Housing Factor Grant No:				2006	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-8	HVAC/Water Heater Installation	1460		1,000.00	1,000.00	9,594.25	9,594.25	In Progress - To Be Revised
LITTLE	Entry/Interior Door/Hardware	1460		0.00	0.00	0.00	0.00	
WASHINGTON	Maintenance Workshop	1470		0.00	0.00	0.00	0.00	
PHA WIDE	Auto Equipment	1475		25,000.00	25,000.00	0.00	0.00	Pending
NONDWELL	Computer Upgrade	1475		5,000.00	5,000.00	0.00	0.00	Pending
EQUIPMENT	Office & Maintenance Equipment	1475		3,200.00	3,200.00	5,227.20	4,704.48	In Progress
PHA WIDE	Operations	1406		100,000.00	100,000.00	100,000.00	100,000.00	Completed
	Resident Management Training/ Assist Resident Groups	1408		0.00	0.00	0.00	0.00	
	Employee Training	1408		5,000.00	5,000.00	2,734.71	2,734.71	In Progress
	Consult Computer Conversion	1408		10,000.00	10,000.00	9,447.00	9,447.00	In Progress
	Computer Software	1408		10,000.00	10,000.00	1,755.00	1,755.00	In Progress
	Salary - Police	1408		0.00	0.00	0.00	0.00	
	Manager Informations System	1408		0.00	0.00	0.00	0.00	Pending
	Fringe Benefits	1408		25,000.00	25,000.00	34,972.83	33,688.28	In Progress - To Be Revised
	Management Improvement	1408		126,530.00	126,530.00	44,769.63	44,769.63	In Progress
	Service Center/Admin Renov. (Shifted from NC19P015501-05)	1470		26,500.00	26,500.00	18,187.52	16,557.66	In Progress
	Service Center/Parking Lot Renov (New Line item for Paving)	1450		75,206.00	75,206.00	0.00	0.00	Pending

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
--	--	------------------------------

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Administrative Salaries	1410		156,237.00	156,237.00	87,619.56	87,619.56	In Progress
	Benefits	1410		40,000.00	40,000.00	55,168.15	53,777.48	In Progress - To Be Revised
	Sundry	1410		2,000.00	2,000.00	1,949.72	1,858.98	In Progress
	Audit	1411		5,000.00	5,000.00	0.00	0.00	Pending
	Fees/Costs	1430		25,000.00	25,000.00	35,000.00	0.00	In Progress - To Be Revised
	Fees/Costs/ Engineering Study	1430		25,000.00	25,000.00	0.00	0.00	Pending
	Contingency	1502		25,205.00	25,205.00	0.00	0.00	Pending
	Fringe Benefits	1460		114,600.00	114,600.00	136,027.99	131,645.74	In Progress
	Fringe Benefits	1450		2,000.00	2,000.00	1,941.64	1,941.64	In Progress - To Be Revised
	Fringe Benefits - Uniforms	1460		600.00	600.00	815.55	815.55	In Progress - To Be Revised
				0.00	0.00			
PHA WIDE				0.00	0.00	0.00	0.00	
DWELL EQUIP	Ranges	1465				0.00	0.00	
	Refrigerators	1465		0.00	0.00	0.00	0.00	
				1,983,266.00	1,983,266.00	1,115,873.10	958,539.46	



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

PHA Name			Grant Type and Number			Federal FY of Grant:	
Housing Authority of the City of Goldsboro			Capital Fund Program Grant No.: NC19PO1550106 Replacement Housing Factor Grant No:			2006	
Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	7/18/2008			7/18/2010			
NC 15-2 LINCOLN	7/18/2008			7/18/2010			
NC 15-3 FAIRVIEW	7/18/2008			7/18/2010			
NC 15-4 LINCOLN	7/18/2008			7/18/2010			
NC 15-5 WOODCREST	7/18/2008			7/18/2010			
NC 15-6 ELMWOOD	7/18/2008			7/18/2010			
NC 15-7 WEST HAVEN	7/18/2008			7/18/2010			
NC 15-8 LITTLE WASHINGTON	7/18/2008			7/18/2010			

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
--	--	----------------------------------

<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/2007
<input 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 21)	100,000.00	100,000.00	0.00	0.00
3	1408 Management Improvements	191,901.00	191,901.00	0.00	0.00
4	1410 Administration	178,549.00	178,549.00	0.00	0.00
5	1411 Audit	5,000.00	5,000.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	50,000.00	50,000.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	52,881.00	52,881.00	0.00	0.00
10	1460 Dwelling Structures	939,736.00	939,736.00	0.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable	9,075.00	9,075.00	0.00	0.00
12	1470 Nondwelling Structures	5,000.00	5,000.00	0.00	0.00
13	1475 Nondwelling Equipment	35,000.00	35,000.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	6,800.00	6,800.00	0.00	0.00
18	1499 Development Activities	420,000.00	420,000.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency (May not exceed 8% of line 21)	173,386.00	173,386.00	0.00	0.00
21	Amount of Annual Grant (Sum of lines 2-20)	2,167,328.00	2,167,328.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Cost	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

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

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name Housing Authority of the City of Goldsboro				Grant Type and Number Capital Fund Program Grant No.: NC19PO1550107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007
--	--	--	--	--	--	--	--	----------------------------------

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	3,000.00	3,000.00	0.00	0.00	Pending
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	0.00	0.00	0.00	0.00	
NC 15-2 LINCOLN	Comprehensive Renovations Ranges	1460	15 du.	780,136.00	780,136.00	0.00	0.00	Pending
	Refrigerators	1465	15 du.	3,945.00	3,945.00	0.00	0.00	Pending
	Relocation	1465	15 du.	5,130.00	5,130.00	0.00	0.00	Pending
	Relocation	1495	L.S.	6,800.00	6,800.00	0.00	0.00	Pending
	Sitework/Utilities Upgrade	1450		0.00	0.00	0.00	0.00	
	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
NC 15-3 FAIRVIEW	Sitework	1450	L.S.	3,000.00	3,000.00	0.00	0.00	Pending
	Roof Replacement	1460	115 du.	0.00	0.00	0.00	0.00	
NC 15-4 LINCOLN	Sitework/Utilities Upgrade	1450		0.00	0.00	0.00	0.00	
NC 15-5 WOODCREST	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
NC 15-6 ELMWOOD	Sitework	1450	L.S.	1,000.00	1,000.00	0.00	0.00	Pending
	Demolition Activities	1485		0.00	0.00	0.00	0.00	
	Development -New Construction	1499	3 du.	420,000.00	420,000.00	0.00	0.00	Pending
NC 15-7 WEST HAVEN FAIRVIEW EAST	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	HVAC/Water Heater Installation	1460	18 du.	45,000.00	45,000.00	0.00	0.00	Pending

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

PHA Name				Grant Type and Number				Federal FY of Grant:
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550107 Replacement Housing Factor Grant No:				2007
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-8	HVAC/Water Heater Installation	1460		0.00	0.00	0.00	0.00	
LITTLE	Entry/Interior Door/Hardware	1460		0.00	0.00	0.00	0.00	
WASHINGTON								
PHA WIDE	Auto Equipment	1475		25,000.00	25,000.00	0.00	0.00	Pending
NONDWELL	Computer Upgrade	1475		5,000.00	5,000.00	0.00	0.00	Pending
EQUIPMENT	Office & Maintenance Equipment	1475		5,000.00	5,000.00	0.00	0.00	Pending
PHA WIDE	Operations	1406		100,000.00	100,000.00	0.00	0.00	Pending
	Resident Management Training/ Assist Resident Groups	1408		0.00	0.00	0.00	0.00	
	Employee Training	1408		5,000.00	5,000.00	0.00	0.00	Pending
	Consult Computer Conversion	1408		0.00	0.00	0.00	0.00	
	Computer Software	1408		10,000.00	10,000.00	0.00	0.00	Pending
	Salary - Police	1408		0.00	0.00	0.00	0.00	
	Manager Informations System	1408		40,310.00	40,310.00	0.00	0.00	Pending
	Fringe Benefits	1408		5,000.00	5,000.00	0.00	0.00	Pending
	Management Improvement	1408		131,591.00	131,591.00	0.00	0.00	Pending
	Sitework/Parking-Service Center	1450		30,881.00	30,881.00	0.00	0.00	Pending
	Service Center Renovatons	1470		5,000.00	5,000.00	0.00	0.00	Pending
	Debt Service	1501		0.00	0.00	0.00	0.00	

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name Housing Authority of the City of Goldsboro			Grant Type and Number Capital Fund Program Grant No.: NC19PO1550107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007	
--	--	--	--	--	--	--	------------------------------	--

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Administrative Salaries	1410		156,237.00	156,237.00	0.00	0.00	Pending
	Benefits	1410		20,312.00	20,312.00	0.00	0.00	Pending
	Sundry	1410		2,000.00	2,000.00	0.00	0.00	Pending
	Audit	1411		5,000.00	5,000.00	0.00	0.00	Pending
	Fees/Costs	1430		25,000.00	25,000.00	0.00	0.00	Pending
	Fees/Costs/ Engineering Study	1430		25,000.00	25,000.00	0.00	0.00	Pending
	Contingency	1502		173,386.00	173,386.00	0.00	0.00	Pending
	Fringe Benefits	1460		114,600.00	114,600.00	0.00	0.00	Pending
	Fringe Benefits	1450		0.00	0.00	0.00	0.00	
PHA WIDE								
DWELL EQUIP	Ranges	1465		0.00	0.00	0.00	0.00	
	Refrigerators	1465		0.00	0.00	0.00	0.00	
				2,167,328.00	2,167,328.00	0.00	0.00	

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
--	--	----------------------------------

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	9/13/2009			9/13/2011			
NC 15-2 LINCOLN	09/13/09			9/13/2011			
NC 15-3 FAIRVIEW	9/13/2009			9/13/2011			
NC 15-4 LINCOLN	9/13/2009			9/13/2011			
NC 15-5 WOODCREST	9/13/2009			9/13/2011			
NC 15-6 ELMWOOD	9/13/2009			9/13/2011			
NC 15-7 WEST HAVEN	9/13/2009			9/13/2011			
NC 15-8 LITTLE WASHINGTON	9/13/2009			9/13/2011			

Annual Statement /Performance and Evaluation Report

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

PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19PO1550108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number
<input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending		_____

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 21)	100,000.00			
3	1408 Management Improvements	52,000.00			
4	1410 Administration	216,732.00			
5	1411 Audit	5,000.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	20,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	74,000.00			
10	1460 Dwelling Structures	1,216,600.00			
11	1465.1 Dwelling Equipment - Nonexpendable	12,100.00			
12	1470 Nondwelling Structures	20,000.00			
13	1475 Nondwelling Equipment	35,000.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	9,100.00			
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	300,000.00			
20	1502 Contingency (May not exceed 8% of line 21)	106,796.00			
21	Amount of Annual Grant (Sum of lines 2-20)	2,167,328.00			
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 Compliance	0.00			
24	Amount of line 21 Related to Security - Soft Cost	0.00			
25	Amount of line 21 Related to Security - Hard Cost	0.00			
26	Amount of line 21 Related to Energy Conservation Measures	0.00			

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

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

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
--	--	----------------------------------

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)	
AMP 1								
NC 15-1,3	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00				
FAIRVIEW	Employee Training	1408	L.S.	1,000.00				
FAIRVIEW EAST	Computer Software	1408		0.00				
	Computer/Copier Hardware	1475	L.S.	2,500.00				
	Sitework	1450	L.S.	8,000.00				
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	0.00				
	Roof Replacement	1460		0.00				
	HVAC/Water Heater - FV East (Debt Service)	1460		0.00				
AMP 2								
NC 15-2,4	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00				
LINCOLN	Employee Training	1408	L.S.	1,000.00				
	Computer Software	1408	L.S.	0.00				
	Computer/Copier Hardware	1475	L.S.	2,500.00				
	Office Renovations	1470	L.S.	7,000.00				
	Maintenance Storage Shop	1470	L.S.	7,000.00				
	Fees & Costs	1430	L.S.	20,000.00				
	Comprehensive Renovations	1460	20 du.	1,100,000.00				
	Ranges	1465	20 du.	5,300.00				
	Refrigerators	1465	20 du.	6,800.00				
	Relocation	1495	L.S.	9,100.00				
	Sitework/Utilities Upgrade	1450		15,000.00				
	Sitework	1450	L.S.	10,000.00				
	Auto Equipment	1475	L.S.	25,000.00				
	Sitework/Dumpsters	1450	L.S.	5,000.00				
	Roof Replacement (Debt Service)	1460		0.00				

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
--	--	------------------------------

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)	
AMP 3								
NC 15-5	Sitework	1450	L.S.	6,000.00				
WOODCREST	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00				
NC 15-6	Employee Training	1408	L.S.	1,000.00				
ELMWOOD	Computer Software	1408		0.00				
NC 15-8	Comuter/Copier Hardware	1475	L.S.	2,500.00				
LITTLE	Development -New Construction	1499	L.S.	0.00				
WASHINGTON	HVAC/Water Heater Installation	1460	L.S.	0.00				
	Entry/Interior Door/Hardware	1460		0.00				
AMP 4								
NC 15-7	Sitework	1450	L.S.	5,000.00				
WEST HAVEN	Replacement Gas Meters	1460	200	2,000.00				
FAIRVIEW EAST	Maintenance Storage Building	1470	L.S.	6,000.00				
	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00				
	Employee Training	1408	L.S.	1,000.00				
	Computer Software	1408		0.00				
	Computer/Copier Hardware	1475	L.S.	2,500.00				
	HVAC/Water Heaters	1460		0.00				
	(Debt Service)							

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
--	--	------------------------------

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Auto Equipment	1475		0.00				
NONDWELL	Computer Upgrade	1475		0.00				
EQUIPMENT	Office & Maintenance Equipment	1475		0.00				
PHA WIDE	Operations	1406		100,000.00				
	Sitework/Parking-Service Center	1450		25,000.00				
	Administrative Management Fees	1410		216,732.00				
	Audit	1411		5,000.00				
	Contingency	1502		106,796.00				
	Fringe Benefits	1460		114,600.00				
	Fringe Benefits	1450		0.00				
	Debt Service (Annual Estimated Payment)	1501		300,000.00				
				2,167,328.00				

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: N\NC19P01550108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
--	--	------------------------------

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-1 FAIRVIEW	9/13/2010			9/13/2012			
NC 15-2 LINCOLN	9/13/2010			9/13/2012			
NC 15-3 FAIRVIEW	9/13/2010			9/13/2012			
NC 15-4 LINCOLN	9/13/2010			9/13/2012			
NC 15-5 WOODCREST	9/13/2010			9/13/2012			
NC 15-6 ELMWOOD	9/13/2010			9/13/2012			
NC 15-7 WEST HAVEN	9/13/2010			9/13/2012			
NC 15-8 LITTLE WASHINGTON	9/13/2010			9/13/2012			

Annual Statement /Performance and Evaluation Report

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550206 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 Number	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/07
<input 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 21)	0.00	0.00	0.00	0.00
3	1408	Management Improvements	0.00	0.00	0.00	0.00
4	1410	Administration	0.00	0.00	0.00	0.00
5	1411	Audit	0.00	0.00	0.00	0.00
6	1415	Liquidated Damages	0.00	0.00	0.00	0.00
7	1430	Fees and Costs	0.00	0.00	0.00	0.00
8	1440	Site Acquisition	0.00	0.00	0.00	0.00
9	1450	Site Improvement	0.00	0.00	0.00	0.00
10	1460	Dwelling Structures	0.00	0.00	0.00	0.00
11	1465.1	Dwelling Equipment - Nonexpendable	0.00	0.00	0.00	0.00
12	1470	Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475	Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485	Demolition	0.00	0.00	0.00	0.00
15	1490	Replacement Reserve	0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs	0.00	0.00	0.00	0.00
18	1499	Development Activities	167,798.00	167,798.00	70,699.31	0.00
19	1501	Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502	Contingency (May not exceed 8% of line 21)	0.00	0.00	0.00	0.00
21	Amount of Annual Grant (Sum of lines 2-20)		167,798.00	167,798.00	70,699.31	0.00
22	Amount of line 21 Related to LBP Activities		0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 Compliance		0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Cost		0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Cost		0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures		0.00	0.00	0.00	0.00

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

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

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

**Annual Statement /Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name Housing Authority of the City of Goldsboro				Grant Type and Number Capital Fund Program Grant No.: NC19PO1550206 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006
--	--	--	--	--	--	--	--	------------------------------

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-6 ELMWOOD	Development	1499	L.S.	167,798.00	167,798.00	70,699.31		In Progress

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550206 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
--	--	------------------------------

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-6 ELMWOOD	5/4/2009			5/4/2011			

Annual Statement /Performance and Evaluation Report

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No. Replacement Housing Factor Grant No:NC19RO1550406	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 Numl	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	<u>12/31/07</u>
<input 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 21)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	0.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	559.00	559.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency (May not exceed 8% of line 21)	0.00	0.00	0.00	0.00
21	Amount of Annual Grant (Sum of lines 2-20)	559.00	559.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Cost	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measure	0.00	0.00	0.00	0.00

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

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

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

**Annual Statement /Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name				Grant Type and Number				Federal FY of Grant:
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: Replacement Housing Factor Grant No:NC19RO1550406				2006
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-6 ELMWOOD	Development	1499	L.S.	559.00	559.00	0.00	0.00	Pending

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19RO1550406	Federal FY of Grant: 2006
--	--	------------------------------

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-6 ELMWOOD	5/4/2009			5/4/2011			

Annual Statement /Performance and Evaluation Report

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550105	Federal FY of Grant: 2005
--	--	----------------------------------

<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision N _____	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/07
<input 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 20)	\$ -	\$ -	\$ -	\$ -
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	\$ 7,163.00	\$ 7,163.00	\$ 7,163.00	\$ 1,926.31
19	1501 Collateralization or Debt Service	\$ -	\$ -	\$ -	\$ -
20	1502 Contingency (May not exceed 8% of line 20)	\$ -	\$ -	\$ -	\$ -
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 7,163.00	\$ 7,163.00	\$ 7,163.00	\$ 1,926.31
22	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
23	Amount of line 20 Related to Section 504 Compliance	\$ -	\$ -	\$ -	\$ -
24	Amount of line 20 Related to Security - Soft Costs	\$ -	\$ -	\$ -	\$ -
25	Amount of line 20 Related to Security - Hard Costs	\$ -	\$ -	\$ -	\$ -
26	Amount of line 20 Related to Energy Conservation Measures	\$ -	\$ -	\$ -	\$ -

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

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

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

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name Housing Authority of the City of Goldsboro			Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550105				Federal FY of Grant: 2005	
--	--	--	--	--	--	--	------------------------------	--

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood	Development Activities	1499	L.S.	\$ 7,163.00	\$ 7,163.00	\$ 7,163.00	\$ 1,926.31	In Progress
	Demolition	1485	L.S.	\$ -	\$ -	\$ -	\$ -	
	Site Acquisition	1440	L.S.	\$ -	\$ -	\$ -	\$ -	
				\$ 7,163.00	\$ 7,163.00	\$ 7,163.00	\$ 1,926.31	

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

form HUD-52837 (10/96)

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

ref Handbook 7485.3

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

PHA Name Housing Authority of the City of Goldsboro			Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550105			Federal FY of Grant: 2005	
Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-6 ELMWOOD	Aug-07			Aug-09			

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

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550206	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 N _____	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/07
<input 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 20)	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	0	0	0	0
11	1465.1 Dwelling Equipment - Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	6,607	6,607	6,607	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency (May not exceed 8% of line 20)	0	0	0	0
21	Amount of Annual Grant (Sum of lines 2-20)	6,607	6,607	6,607	0
22	Amount of line 20 Related to LBP Activities	0	0	0	0
23	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
24	Amount of line 20 Related to Security - Soft Costs	0	0	0	0
25	Amount of line 20 Related to Security - Hard Costs	0	0	0	0
26	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

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

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

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

**Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name Housing Authority of the City of Goldsboro			Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550206				Federal FY of Grant: 2006	
--	--	--	--	--	--	--	------------------------------	--

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood	Development Activities	1499	L.S.	6,607	6,607	6,607	0	In Progress
				6,607	6,607	6,607	0	

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

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

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

PHA Name Housing Authority of the City of Goldsboro			Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550206			Federal FY of Grant: 2006	
Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC 15-6 ELMWOOD	Jul-08			Jul-10			