

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Housing Authority of the City of Goldsboro</u> PHA Code: <u>NC015</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2011</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>1225</u> Number of HCV units: <u>237</u>					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <u>NA</u> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
PHA 1:						
PHA 2:						
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: "THE GOLDSBORO HOUSING AUTHORITY WILL ENDEAVOR TO PARTNER WITH THE COMMUNITY TO PROVIDE DECENT, SAFE, AFFORDABLE HOUSING OPPORTUNITIES TO ITS CUSTOMERS BY PROVIDING EXCELLENT CUSTOMER SERVICE, A WELL MAINTAINED HOUSING STOCK, AND SELF-SUFFICIENCY OPPORTUNITIES FOR WILLING FAMILIES AND RESIDENTS." In adopting this mission statement, the board envisioned that there were many means by which the authority could "provide" housing assistance, from development and ownership of housing to the provider of housing subsidies. Further, it is understood that these mechanisms would change over time (primarily, as market forces change). It should be noted that this mission is consistent with the QHWRRA, which also envisions a broad and changing landscape for public housing. This mission also makes clear that the agency has a role that extends beyond simply housing assistance. The housing provided/offered must support families, neighborhoods, and economic self-sufficiency. Among other matters, this means that the agency should not provide housing that concentrates poverty or fosters dependence. At the same time, however, the agency must make prudent use of its public dollars and every "unit" of housing provided must be a cost that is reasonable, balancing the agency's monetary goals with its non-monetary goals.					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. See attachment nc015a01					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No revisions (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. (b) Copies of the PHA Plan will be at the main office 700 N. Jefferson Avenue, the public library, Fairview Office 1729 Edgerton St, Lincoln Office 1009 Slaughter Street, Elmwood Office, 409 Hinson Ave, West Haven Office 701 W. Oak Street and each resident council president.					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attachments nc015b01, nc015c01, nc015d01, nc015e01, nc015f01, nc015g01, nc015h01, nc015i01, nc015j01, nc015k01
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See attachment nc015m01
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See attachment nc015n01
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Submitting Annual Plan only
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. nc015o01 (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” nc015p01
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Goals and Objectives

In preparation of the Agency Plan, the Goldsboro Housing Authority (GHA) has established the following long range goals to ensure long term viability of the agency and continued service to the community:

1. Ensure a well maintained housing stock
2. Maintain and enhance resident safety and security
3. Expand homeownership opportunities and self sufficiency programs
4. Increase assisted housing choices to meet demand
5. Promote fair housing and equal opportunity

Objectives have been developed to measure whether GHA is meeting its goals. It is important that available resources be directed to these strategies if the agency is to accomplish its mission.

Goal 1. Ensure a well maintained housing stock

Objective 1: To maintain at least a standard performer designation on PHAS. Extensive training will be provided to all GHA employees relative to the key components of the PHAS system. The Executive Director and MIS will be responsible for biannual reviews and evaluation of major indicators. The information will be shared with key staff members.

Objective 2: A reliable tracking system for work orders that permits identification of continued maintenance problems has been created. A computer system has been installed but must be refined to allow easy access for the Data Specialist to sort out clusters of problems and identify capital project needs. Reports can be prepared for Maintenance and Capital Fund Department Supervisors to assist in development of annual work plans.

Objective3: To establish a quality control program for maintenance work orders to ensure the quality of work performed by maintenance staff is satisfactory. The Supervisory staff will inspect a 1 percent random sample of work orders given the number of work orders. Maintenance staff having deficiencies will be identified, counseled, and trained.

Goal 2: Maintain and enhance resident safety and security

Objective 1: To reduce criminal activity in residential communities by providing additional lighting and fencing in areas identified by GHA staff and residents.

Objective 2: To aggressively pursue the One Strike You're Out Policy to terminate leases involving illegal activity that interferes with other residents' rights to peaceful enjoyment of their neighborhood.

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

Objective 1: To partner with the City of Goldsboro and a 501(C)(3) nonprofit organization to obtain CHDO status, which will enable GHA to develop homeownership opportunities for low-income persons.

Objective 2: To purchase at least 1 dwelling unit each year for the homeownership program utilizing rent-to-purchase or other rental options until a low income purchaser can qualify for a mortgage loan.

Objective 3: To work with local agencies through cooperative agreements to provide self-sufficiency programs for residents. The Resident Services Coordinator will act as liaison between GHA staff, residents and local agencies as partnerships are established and maintained to meet the resident's/customer's education, employment, healthcare, daycare, and leisure needs.

Goal 4: Increase assisted housing choices to meet future demand.

Objective 1: To maintain a high lease up rate in the Section 8 program. Strive to maintain at least a 95% lease up rate. Section 8 Coordinator will monitor this area and provide periodic reports to the Assistant Director.

Objective 2: To conduct landlord recruitment efforts in order to increase available units in the Section 8 program. An annual workshop will be held to explain the program and solicit new landlords. Section 8 staff will be responsible for arranging and conducting the workshop.

Objective 3: To work with a 501 ©(3) nonprofit CHDO to create varied housing opportunities in service area.

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

Objective 1: To provide sufficient training for staff.

Objective 2: To participate in workshops and training sessions developed to bring awareness to fair housing and equal opportunity.



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Greensboro Field Office
Office of Public Housing
1500 Pinecroft Road, Suite 401, Asheville Building
Greensboro, North Carolina 27407-3838
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www.hud.gov • espanol.hud.gov

JUN 02 2010

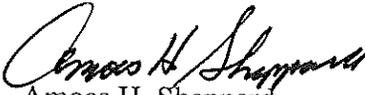
Mr. Gene D. Thomas
Executive Director
Housing Authority of the
City of Goldsboro
Post Office Box 1403
Goldsboro, NC 27533-1403

Dear Mr. Thomas:

SUBJECT: Capital Fund Program (CFP) Close-Out
FY-2005 CFP NC19P015501-05

- Actual Modernization Cost Certificate (AMCC) (Form HUD-53001) for subject CFP received in the amount of \$2,181,832. The AMCC must be included as a financial statement in the next regularly scheduled fiscal audit conducted by the Independent Auditor (IA). The final annual statement has been reviewed and acknowledged in the Line of Credit Control System (LOCCS). A copy of the final annual statement is enclosed.
- Executed copy of the Actual Modernization Cost Certificate (AMCC) (Form HUD-53001) is enclosed. Based on the recent IPA Audit Report, the audited costs agree with the certificate submitted.

Sincerely,


Amoes H. Sheppard
Division Director
Office of Public Housing

Enclosure

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19PO15501C Replacement Housing Factor Grant No:		Federal FFY of Grant 2005	
<input type="checkbox"/> Original Annual		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number	
<input checked="" type="checkbox"/> Performance and Evaluation Report for period Ending		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (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 20% of line 201)	100,000.00	100,000.00	100,000.00	100,000.00
3	1408 Management Improvements	197,953.67	197,953.67	197,953.67	197,953.67
4	1410 Administration (May not exceed 10% of line 20)	181,930.48	181,930.48	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	117,851.68	117,851.68	117,851.68	117,851.68
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	19,272.20	19,272.20	19,272.20	19,272.20
10	1460 Dwelling Structures	1,398,854.03	1,398,854.03	1,398,854.03	1,398,854.03
11	1465.1 Dwelling Equipment - Nonexpendable	3,494.04	3,494.04	3,494.04	3,494.04
12	1470 Nondwelling Structures	42,147.77	42,147.77	42,147.77	42,147.77
13	1475 Nondwelling Equipment	104,018.36	104,018.36	104,018.36	104,018.36
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	14,009.77	14,009.77	14,009.77	14,009.77
17	1499 Development Activities	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (May not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (Sum of lines 2-19)	2,181,832.00	2,181,832.00	2,181,832.00	2,181,832.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Cost	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
Signature of Executive Director and Date X <i>Gene D. Jones</i> 5/20/10		Signature of Public Housing Director/Office of Native American Programs Administrator and Date X <i>Thomas H. Shipp</i> 6/2/2010			

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

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

3)PHAs with under 250 units in management may use 100% of CFP Grants for operations.

4)RHF funds shall be included here.

Annual Statement /Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name		Grant Type and Number				Federal FFY of Grant: 2005		
Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.: NC19PO1550105		CFFP(Yes/No):				
		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 Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC 15-1 FAIRVIEW	Sitework	1450	L.S.	4,197.43	4,197.43	4,197.43	4,197.43	Complete
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.					
	Admin Bldg-Maintenance Shop Renovations/Shelter	1470	L.S.					
NC 15-2 LINCOLN	Comprehensive Renovations	1460	15 du.	1,014,974.72	1,014,974.72	1,014,974.72	1,014,974.72	Complete
	Ranges	1465	15 du.	1,584.23	1,584.23	1,584.23	1,584.23	Complete
	Refrigerators	1465	15 du.	1,909.81	1,909.81	1,909.81	1,909.81	Complete
	Relocation	1495	L.S.	14,009.77	14,009.77	14,009.77	14,009.77	Complete
	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
	Admin Bldg-Maintenance Shop Renovations/Shelter	1470	L.S.	0.00	0.00	0.00	0.00	
NC 15-3 FAIRVIEW	Sitework	1450	L.S.					
NC 15-4 LINCOLN	Sitework	1450	L.S.					
	Sitework - Fence Installation	1450	L.S.	7,610.43	7,610.43	7,610.43	7,610.43	Complete
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.	81.41	81.41	81.41	81.41	Complete
	Site Acquisition	1440	1 du.	0.00	0.00	0.00	0.00	

(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, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name		Grant Type and Number			Federal FFY of Grant: 2005			
Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.: NC19PO1550105		CFFP(Yes/No):				
		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 Work
				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.					
	Admin Bldg-Maintenance Shop Renovations/Shelter	1470	L.S.					
NC 15-8 LITTLE	HVAC/Water Heater Installation	1460	50 du.	205,240.00	205,240.00	205,240.00	205,240.00	Complete
WASHINGTON	Entrance Door/Hardware	1460						
	Admin Bldg-Maintenance Shop Renovations/Shelter	1470	L.S.					
PHA WIDE NONDWELL EQUIPMENT	Auto Equipment	1475	L.S.	49,463.45	49,463.45	49,463.45	49,463.45	Complete
	Computer Upgrade	1475	L.S.	2,412.80	2,412.80	2,412.80	2,412.80	Complete
	Office & Maintenance Equipment	1475	L.S.	52,142.11	52,142.11	52,142.11	52,142.11	Complete
PHA WIDE	Operations	1406	L.S.	100,000.00	100,000.00	100,000.00	100,000.00	Complete
	Resident Management Training/ Assist Resident Groups	1408	L.S.					
	Employee Training	1408	L.S.	1,838.24	1,838.24	1,838.24	1,838.24	Complete
	Consult Computer Conversion	1408	L.S.	2,775.00	2,775.00	2,775.00	2,775.00	Complete
	Computer Software	1408	L.S.	16,996.14	16,996.14	16,996.14	16,996.14	Complete
	Salary - Police	1408	L.S.					
	Manager Informations System	1408	L.S.	44,401.95	44,401.95	44,401.95	44,401.95	Complete
	Fringe Benefits	1408	L.S.	41,910.92	41,910.92	41,910.92	41,910.92	Complete
	Management Improvement	1408	L.S.	90,031.42	90,031.42	90,031.42	90,031.42	Complete

(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, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

PHA Name		Grant Type and Number				Federal FFY of Grant: 2005		
Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.: NC19PO1550105		CFFP(Yes/No):				
		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 Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA WIDE	Administrative Salaries	1410	L.S.	124,404.30	124,404.30	124,404.30	124,404.30	Complete
	Benefits	1410	L.S.	53,965.30	53,965.30	53,965.30	53,965.30	Complete
	Sundry	1410	L.S.	3,560.88	3,560.88	3,560.88	3,560.88	Complete
	Audit	1411	L.S.	2,300.00	2,300.00	2,300.00	2,300.00	Complete
	Fees/Costs	1430	L.S.	117,851.68	117,851.68	117,851.68	117,851.68	Complete
	Fees/Costs/ Engineering Study	1430	L.S.					
	Contingency	1502	L.S.	0.00	0.00	0.00	0.00	
	Fringe Benefits	1460	L.S.	177,766.41	177,766.41	177,766.41	177,766.41	Complete
	Fringe Benefits	1450	L.S.	723.15	723.15	723.15	723.15	Complete
	Fringe Benefits - Uniforms	1460	L.S.	791.49	791.49	791.49	791.49	Complete
	Service Center/Admin. Renov.	1470	L.S.	42,147.77	42,147.77	42,147.77	42,147.77	Complete
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	2,181,832.00	
	NON CFP FUNDS - INSURANCE	1475		414.86	414.86	414.86	414.86	Complete

(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, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name Housing Authority of the City of Goldsboro				Federal FY of Grant 2005	
Development Number/Name HA-Wide	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		
Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates (1)
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	Jul-08	
PHA WIDE	Aug-07	Aug-06	Aug-09	Aug-09	

(1)Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Greensboro Field Office
Office of Public Housing
1500 Pinecroft Road, Suite 401, Asheville Building
Greensboro, North Carolina 27407-3838
336-547-4000
www.hud.gov • espanol.hud.gov

AUG 25 2009

Mr. Gene D. Thomas
Executive Director
Goldsboro Housing Authority
Post Office Box 1403
Goldsboro, NC 27533-1403

RECEIVED

AUG 26 2009

HOUSING AUTHORITY OF THE
CITY OF GOLDSBORO, N.C.

Per _____

Dear Mr. Thomas:

SUBJECT: Replacement Housing Factor (RHF) Close-Out
FY-2006 RHF NC19R015502-06

- X Actual Modernization Cost Certificate (AMCC) (Form HUD-53001) for subject RHF received in the amount of \$6,607. The AMCC must be included as a financial statement in the next regularly scheduled fiscal audit conducted by the Independent Auditor (IA). The final annual statement has been reviewed and acknowledged in the Line of Credit Control System (LOCCS). A copy of the final annual statement is enclosed.

- Executed copy of the Actual Modernization Cost Certificate (AMCC) (Form HUD-53001) is enclosed. Based on the recent IPA Audit Report, the audited costs agree with the certificate submitted.

Sincerely,

Amoes H. Sheppard
Division Director
Office of Public Housing

Enclosure

**Annual Statement / Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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 Date of CFFP:	Federal FY of Grant: 2006
--	---	----------------------------------

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 19)	\$ -	\$ -	\$ -	\$ -
3	1408 Management Improvements	\$ -	\$ -	\$ -	\$ -
4	1410 Administration (May not exceed 10% of line 19)	\$ -	\$ -	\$ -	\$ -
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	1492 Moving to Work Demonstration	\$ -	\$ -	\$ -	\$ -
16	1495.1 Relocation Costs	\$ -	\$ -	\$ -	\$ -
17	1499 Development Activities	\$ 6,607.00	\$ 6,607.00	\$ 6,607.00	\$ 6,607.00
18a	1501 Collateralization or Debt Service	\$ -	\$ -	\$ -	\$ -
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ -	\$ -	\$ -	\$ -
19	1502 Contingency (May not exceed 8% of line 19)	\$ -	\$ -	\$ -	\$ -
20	Amount of Annual Grant (Sum of lines 2-19)	\$ 6,607.00	\$ 6,607.00	\$ 6,607.00	\$ 6,607.00
21	Amount of line 19 Related to LBP Activities	0	0	0	0
22	Amount of line 19 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 19 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 19 Related to Security - Hard Costs	0	0	0	0
25	Amount of line 19 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director and Date: *[Signature]* 8/20/09
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date: *[Signature]*

(1) To be completed for the Performance and Evaluation Report
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.
 (4) RHF funds shall be included here.

Annual Statement / Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name		Grant Type and Number						Federal FFY of Grant:
Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.:			CFFP (Yes/No):			2006
		Replacement Housing Factor Grant No: NC19R01550206						
HA-Wide Activities	Work Categories	Account Number		Original	Revised (1)	Obligated (2)	Expended (2)	
NC15-6 Elmwood	Development Activities	1499	L.S.	\$ 6,607.00	\$ 6,607.00	\$ 6,607.00	\$ 6,607.00	Complete
				\$ 6,607.00	\$ 6,607.00	\$ 6,607.00	\$ 6,607.00	

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

form HUD-50075.1 (4/2008)

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

Annual Assessment /Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name Housing Authority of the City of Goldsboro			Grant Type and Number Capital Fund Program Grant No.: NC19R01550206 Replacement Housing Factor Grant No:		Federal FFY 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 (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NC 15-6 ELMWOOD	Jul-08 [✓]	Nov-07	Jul-10 [✓]	Jan-09	

form HUD-50075.1 (4/2008)

(1)Obligation and expenditure end dates can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011**

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.: NC19PO1550106 Replacement Housing Factor Grant No.:		2006	
Date of CFFP:		Revised Annual Statement/Revision No. _____			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision No. _____			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>6/30/10</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 20% of line 20)	100,000.00	100,000.00	100,000.00	100,000.00
3	1408 Management Improvements	120,527.25	120,527.25	120,527.25	120,527.25
4	1410 Administration (May not exceed 10% of line 20)	171,170.03	171,170.03	171,170.03	171,170.03
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	35,214.00	35,214.00	35,214.00	35,214.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	47,248.17	47,248.17	44,397.28	44,397.28
10	1460 Dwelling Structures	1,431,306.60	1,431,306.60	1,434,071.09	1,434,071.09
11	1465.1 Dwelling Equipment - Nonexpendable	3,494.04	3,494.04	3,494.04	3,494.04
12	1470 Nondwelling Structures	19,088.35	19,088.35	19,088.35	19,088.35
13	1475 Nondwelling Equipment	38,512.90	38,512.90	38,599.30	38,599.30
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	8,265.66	8,265.66	8,265.66	8,265.66
17	1499 Development Activities	6,139.00	6,139.00	6,139.00	6,139.00
18a	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (May not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (Sum of lines 2-19)	1,983,266.00	1,983,266.00	1,983,266.00	1,983,266.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Cost	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
Signature of Executive Director and Date <i>X [Signature] 3/22/11</i>		Signature of Public Housing Director/Office of Native American Programs Administrator and Date <i>X</i>			

(1)To be completed for the Performance and Evaluation Report
 (2)To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (3)PHAs with under 250 units in management may use 100% of CFP Grants for operations.
 (4)RHF funds shall be included here.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

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 FFY 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 15-1 FAIRVIEW	Sitework	1450	L.S.	3,142.99	3,142.99	3,142.99	3,142.99	Complete
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	10,501.99	10,501.99	10,501.99	10,501.99	Complete
	Maintenance Workshop	1470	L.S.					
NC 15-2 LINCOLN	Comprehensive Renovations Ranges	1460	15 du.	1,163,551.70	1,163,551.70	1,133,168.39	1,133,168.39	Complete - To Be Revised
	Refrigerators	1465	15 du.	1,584.23	1,584.23	1,584.23	1,584.23	Complete
	Relocation	1465	15 du.	1,909.81	1,909.81	1,909.81	1,909.81	Complete
	Sitework/Utilities Upgrade	1495	L.S.	8,265.66	8,265.66	8,265.66	8,265.66	Complete
	Maintenance Workshop	1450	L.S.	13,572.47	13,572.47	10,721.58	10,721.58	Complete - To Be Revised
	Sitework	1470	L.S.	0.00	0.00	0.00	0.00	
	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
NC 15-3 FAIRVIEW	Sitework	1460	L.S.	2,726.67	2,726.67	2,726.67	2,726.67	Complete
	Roof Replacement	1450	115 du.	0.00	0.00	0.00	0.00	
NC 15-4 LINCOLN	Sitework/Utilities Upgrade	1460	L.S.	0.00	0.00	0.00	0.00	
	Roofs/Porches	1450	L.S.	24,760.00	24,760.00	24,760.00	24,760.00	Complete
NC 15-5 WOODCREST	Sitework	1460	L.S.	0.00	0.00	0.00	0.00	
	Maintenance Workshop	1470	L.S.	0.00	0.00	0.00	0.00	
NC 15-6 ELMWOOD	Roof Replacement	1450	139 du.	0.00	0.00	0.00	0.00	
	Sitework	1460	L.S.	676.80	676.80	676.80	676.80	Complete
	Demolition Activities	1485	7 du.	0.00	0.00	0.00	0.00	
	Development -New Construction	1499	7 du.	6,139.00	6,139.00	6,139.00	6,139.00	Complete
	Maintenance Workshop	1470	L.S.	0.00	0.00	0.00	0.00	

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

form HUD-50075.1 (4/2008)

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

**Annual Statement /Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

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:	CFFP (Yes/No):	Federal FFY 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 15-7 WEST HAVEN FAIRVIEW EAST	Sitework HVAC/Water Heater Installation Maintenance Workshop	1450 1460 1470	L.S. 18 du.	14,685.61 0.00 0.00	14,685.61 0.00 0.00	14,685.61 0.00 0.00	14,685.61 0.00 0.00	Complete
LITTLE WASHINGTON	Entry/Interior Door/Hardware Maintenance Workshop	1460 1470		1,451.80 0.00	1,451.80 0.00	1,451.80 0.00	1,451.80 0.00	Complete
	HVAC/Water Heater Install	1460		9,594.25	9,594.25	25,094.25	25,094.25	Complete - To Be Revised
PHA WIDE NONDWELL EQUIPMENT	Auto Equipment Computer Upgrade Office & Maintenance Equipment	1475 1475 1475		26,627.26 3,864.14 8,021.50	26,627.26 3,864.14 8,021.50	26,627.26 3,950.54 8,021.50	26,627.26 3,950.54 8,021.50	Complete Complete - To Be Revised 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		3,042.71	3,042.71	3,042.71	3,042.71	Complete
	Consult Computer Conversion	1408		9,447.00	9,447.00	9,447.00	9,447.00	Complete
	Computer Software	1408		4,556.37	4,556.37	4,556.37	4,556.37	Complete
	Salary - Police	1408		0.00	0.00	0.00	0.00	
	Manager Informations System	1408		0.00	0.00	0.00	0.00	
	Fringe Benefits	1408		45,665.94	45,665.94	45,665.94	45,665.94	Complete
	Management Improvement	1408		57,815.23	57,815.23	57,815.23	57,815.23	Complete
	Service Center/Admin Renov.	1470		19,088.35	19,088.35	19,088.35	19,088.35	Complete
	Service Center/Parking Lot Renov	1450		0.00	0.00	0.00	0.00	

(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, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

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:					CFFP (Yes/No):		Federal FFY 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		100,690.22	100,690.22	100,690.22	100,690.22	Complete	
	Benefits	1410		67,243.04	67,243.04	67,243.04	67,243.04	Complete	
	Sundry	1410		3,236.77	3,236.77	3,236.77	3,236.77	Complete	
	Audit	1411		2,300.00	2,300.00	2,300.00	2,300.00	Complete	
	Fees/Costs	1430		35,214.00	35,214.00	35,214.00	35,214.00	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		230,787.52	230,787.52	248,435.32	248,435.32	Complete - To Be Revised	
	Fringe Benefits	1450		1,941.64	1,941.64	1,941.64	1,941.64	Complete	
	Fringe Benefits - Uniforms	1460		1,161.33	1,161.33	1,161.33	1,161.33	Complete	
PHA WIDE				0.00	0.00	0.00	0.00		
DWELL EQUIP	Ranges	1465		0.00	0.00	0.00	0.00		
	Refrigerators	1465		0.00	0.00	0.00	0.00		
				1,983,266.00	1,983,266.00	1,983,266.00	1,983,266.00		

(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 and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

Part III: Implementation Schedule					
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	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates (2)
	Original	Actual (2)	Original	Actual (2)	
NC 15-1 FAIRVIEW	7/18/2008	6/18/2008	7/18/2010	11/30/2007	
NC 15-2 LINCOLN	7/18/2008	7/10/2008	7/18/2010	6/30/2010	
NC 15-3 FAIRVIEW	7/18/2008	9/5/2007	7/18/2010	10/31/2007	
NC 15-4 LINCOLN	7/18/2008	10/31/2007	7/18/2010	12/31/2007	
NC 15-5 WOODCREST	7/18/2008	N/A	7/18/2010	N/A	
NC 15-6 ELMWOOD	7/18/2008	6/30/2008	7/18/2010	12/31/2008	
NC 15-7 WEST HAVEN	7/18/2008	1/25/2008	7/18/2010	3/26/2008	
NC 15-8 LITTLE WASHING	7/18/2008	9/11/2007	7/18/2010	10/31/2007	

(1)To be completed for the Performance and Evaluation Report

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

(3)PHAs with under 250 units in management may use 100% of CFP Grants for operations.

(4)RHF funds shall be included here.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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.: Date of CFFP:	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Period Ending: 06/30/10
 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	2,500.00	2,500.00	2,500.00	2,500.00
2	1406 Operations (May not exceed 20% of line 21)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	30,153.73	30,153.73	30,153.73	30,153.73
4	1410 Administration (may ot exceed 10% of line 21)	216,732.00	216,732.00	216,732.00	216,732.00
5	1411 Audit	2,000.00	2,000.00	2,000.00	2,000.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	8,500.00	8,500.00	8,500.00	8,500.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	132,000.00	132,000.00	108,085.56	108,085.56
10	1460 Dwelling Structures	1,013,620.30	1,013,620.30	1,056,354.21	1,010,554.21
11	1465.1 Dwelling Equipment - Nonexpendable	12,862.71	12,862.71	12,862.71	12,862.71
12	1470 Nondwelling Structures	3,900.00	3,900.00	5,165.28	5,165.28
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	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	4,685.26	4,685.26	4,685.26	4,685.26
18a	1499 Development Activities	742,874.00	742,874.00	722,789.25	689,222.83
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	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)	2,167,328.00	2,167,328.00	2,167,328.00	2,087,961.58
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 <i>Gene D. Thomas</i> 3/22/11	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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(1)To be completed for the Performance and Evaluation Report
 (2)To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (3)PHAs with under 250 units in management may use 100% of CFP Grants for operations.
 (4)RHF funds shall be included here.

form HUD-50075.1 (4/2008)

Page 1 of 5

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages

PHA Name		Grant Type and Number				Federal FFY of Grant:		
Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.: NC19PO1550107		CFFP (Yes/No):		2007		
Replacement Housing Factor Grant No:								
Development Number/Name	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 15-1,3								
FAIRVIEW	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
FAIRVIEW	Sitework/Utility Renovations							
EAST	gas/water/sewer	1450	L.S.	0.00	0.00			
AMP 1	Mgmt Improve - Salaries	1408	L.S.	4,024.83	4,024.83	4,024.83	4,024.83	Complete
	Mgmt Improve - Fringe Benefit	1408	L.S.	2,599.32	2,599.32	2,599.32	2,599.32	Complete
	Roof Replacement	1460	115 du.	0.00	0.00			
	Fees & Costs	1430	L.S.	2,125.00	2,125.00	2,125.00	2,125.00	Complete
NC 15-2,4	Comprehensive Renovations	1460	15 du.	858,159.77	858,159.77	900,893.68	855,093.68	In Progress - To Be Revised
LINCOLN	Ranges	1465	15 du.	5,724.78	5,724.78	5,724.78	5,724.78	Complete
AMP 2	Refrigerators	1465	15 du.	7,137.93	7,137.93	7,137.93	7,137.93	Complete
	Relocation	1495	L.S.	4,685.26	4,685.26	4,685.26	4,685.26	Complete
	Sitework/Utilities Upgrade	1450		0.00	0.00			
	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
	Mgmt Improve - Salaries	1408	L.S.	4,031.99	4,031.99	4,031.99	4,031.99	Complete
	Mgmt Improve - Fringe Benefit	1408	L.S.	5,599.80	5,599.80	5,599.80	5,599.80	Complete
	Uniforms	1460	L.S.	655.42	655.42	655.42	655.42	Complete
	Dwell Struct Fringe Benefits	1460	L.S.	136,265.09	136,265.09	136,265.09	136,265.09	Complete
	Fees & Costs	1430	L.S.	2,125.00	2,125.00	2,125.00	2,125.00	Complete
NC 15-5								
WOODCREST	Sitework	1450	L.S.	0.00	0.00			
NC 15-6	Demolition Activities	1485		0.00	0.00			
ELMWOOD	Development -New Construction	1499	3 du.	742,874.00	742,874.00	722,789.25	689,222.83	In Progress - To Be Revised
NC 15-8	HVAC/Water Heater Installation	1460		0.00	0.00			
LITTLE	Entry/Interior Door/Hardware	1460		0.00	0.00			
WASHINGTON	Mgmt Improve - Salaries	1408	L.S.	4,032.26	4,032.26	4,032.26	4,032.26	Complete
AMP 3	Mgmt Improve - Fringe Benefit	1408	L.S.	2,630.33	2,630.33	2,630.33	2,630.33	Complete
	Fees & Costs	1430	L.S.	2,125.00	2,125.00	2,125.00	2,125.00	Complete

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, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages

PHA Name		Grant Type and Number				Federal FFY of Grant:		
Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.: NC19PO1550107		CFFP (Yes/No):		2007		
		Replacement Housing Factor Grant No:						
Development Number/Name	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.	0.00	0.00	0.00	0.00	
AMP 4	HVAC/Water Heater Installation	1460	18 du.	0.00	0.00	0.00	0.00	
	Mgmt Improve - Salaries	1408	L.S.	4,041.73	4,041.73	4,041.73	4,041.73	Complete
	Mgmt Improve - Fringe Benefit	1408	L.S.	2,630.36	2,630.36	2,630.36	2,630.36	Complete
	Fees & Costs	1430	L.S.	2,125.00	2,125.00	2,125.00	2,125.00	Complete
PHA WIDE	Auto Equipment	1475		0.00	0.00	0.00	0.00	
NONDWELL	Computer Upgrade	1475		0.00	0.00	0.00	0.00	
EQUIPMENT	Office & Maintenance Equipment	1475		0.00	0.00	0.00	0.00	
PHA WIDE	Operations	1406		0.00	0.00	0.00	0.00	
	(Shifted to Development)							
	Resident Management Training/ Assist Resident Groups	1408		0.00	0.00	0.00	0.00	
	Employee Training	1408		0.00	0.00	0.00	0.00	
	Consult Computer Conversion	1408		0.00	0.00	0.00	0.00	
	Computer Software	1408		0.00	0.00	0.00	0.00	
	Salary - Police	1408		0.00	0.00	0.00	0.00	
	Manager Informations System	1408		0.00	0.00	0.00	0.00	
	Fringe Benefits	1408		563.11	563.11	563.11	563.11	Complete
	Management Improvement	1408		0.00	0.00			
	(Allocated among all amps)							
	Sitework/Parking-Service Center	1450		132,000.00	132,000.00	108,085.56	108,085.56	Complete - To Be Revised
	Service Center Renovatons	1470		3,900.00	3,900.00	5,165.28	5,165.28	Complete - To Be Revised
	Debt Service	1501		0.00	0.00			

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, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages

PHA Name		Grant Type and Number				Federal FFY of Grant:		
Housing Authority of the City of Goldsboro		Capital Fund Program Grant No.: NC19PO1550107		CFFP (Yes/No):		2007		
		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		216,732.00	216,732.00	216,732.00	216,732.00	Complete
	Benefits	1410		0.00	0.00			
	Sundry	1410		0.00	0.00			
	(Shifted 1410 to Admin Salaries)							
	Audit	1411		2,000.00	2,000.00	2,000.00	2,000.00	Complete
	Fees/Costs	1430		0.00	0.00			
	Fees/Costs/ Engineering Study	1430		0.00	0.00			
	Contingency	1502		0.00	0.00			
	Fringe Benefits	1460		18,540.02	18,540.02	18,540.02	18,540.02	Complete
	Fringe Benefits	1450		0.00	0.00			
PHA WIDE								
DWELL EQUIP	Ranges	1465		0.00	0.00			
	Refrigerators	1465		0.00	0.00			
				2,167,328.00	2,167,328.00	2,167,328.00	2,087,961.58	
	NON-CFP FUNDS			2,500.00	2,500.00	2,500.00	2,500.00	Complete
	(Funds received from Architect for partial payment for change order - Colmar Contracting, Inc.)							

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 and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part III: Implementation Schedule					
PHA Name Housing Authority of the City of Goldsboro				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Obligated (Quarter Ending Date)		Reasons for Revised Target Dates (2)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NC 15-1 FAIRVIEW	9/13/2009	12/31/2008	9/13/2011	12/31/2008	
NC 15-2 LINCOLN	09/13/09	9/13/2009	9/13/2011		
NC 15-3 FAIRVIEW	9/13/2009	12/31/2008	9/13/2011	12/31/2008	
NC 15-4 LINCOLN	9/13/2009	9/13/2009	9/13/2011		
NC 15-5 WOODCREST	9/13/2009	12/31/2008	9/13/2011	12/31/2008	
NC 15-6 ELMWOOD	9/13/2009	9/4/2009	9/13/2011		
NC 15-7 WEST HAVEN	9/13/2009	12/31/2008	9/13/2011	12/31/2008	
NC 15-8 LITTLE WASHINGTON	9/13/2009	12/31/2008	9/13/2011	12/31/2008	

(1)Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacment Housing Factor and
Capital Fund Financing Program**

U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19PO1550108 CFFP(Yes/No): Date of CFFP:			Federal FFY of Grant 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement/Revision Number _____ <input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending 6/30/2010				
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 20% of line 20)	0.00	0.00	0.00	0.00	
3	1408 Management Improvements	40,699.41	40,699.41	42,478.40	42,478.40	
4	1410 Administration (May not exceed 10% of line 20)	215,242.00	215,242.00	215,242.00	215,242.00	
5	1411 Audit	2,000.00	2,000.00	2,083.35	2,083.35	
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	
7	1430 Fees and Costs	187,050.00	187,050.00	187,050.00	123,901.00	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	68,039.34	68,039.34	18,719.42	18,719.42	
10	1460 Dwelling Structures	1,531,155.45	1,531,155.45	1,591,593.46	1,579,827.77	
11	1465.1 Dwelling Equipment - Nonexpendable	11,632.18	11,632.18	18,987.46	18,987.46	
12	1470 Nondwelling Structures	12,703.01	12,703.01	13,282.81	13,282.81	
13	1475 Nondwelling Equipment	50,001.00	50,001.00	50,001.00	50,001.00	
14	1485 Demolition	0.00	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	
16	1495.1 Relocation Costs	13,000.00	13,000.00	12,308.00	12,308.00	
17	1499 Development Activities	20,898.61	20,898.61	675.10	675.10	
18a	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00	
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00	
19	1502 Contingency (May not exceed 8% of line 20)	0.00	0.00	0.00	0.00	
20	Amount of Annual Grant (Sum of lines 2-19)	2,152,421.00	2,152,421.00	2,152,421.00	2,077,506.31	
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00	
22	Amount of line 20 Related to Section 504 Compliance	0.00	0.00	0.00	0.00	
23	Amount of line 20 Related to Security - Soft Cost	0.00	0.00	0.00	0.00	
24	Amount of line 20 Related to Security - Hard Cost	0.00	0.00	0.00	0.00	
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00	
Signature of Executive Director and Date X <i>Steve D. Moore</i> 3/22/11		Signature of Public Housing Director/Office of Native American Programs Administrator and Date X				

(1) To be completed for the Performance and Evaluation Report

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

3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.

4) RHF funds shall be included here.

**Annual Statement/Performane and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

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.: NC19P01550108		CFFP (Yes/No):		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.	5,880.12	5,880.12	5,880.12	5,880.12	Complete	
FAIRVIEW	Manage Improve-Benefits	1408	L.S.	4,333.97	4,333.97	4,762.53	4,762.53	Complete - To Be Revised	
	Employee Training	1408	L.S.	0.00	0.00	0.00	0.00		
	Computer Software	1408		0.00	0.00	0.00	0.00		
	Fees & Costs	1430	L.S.	25,650.00	25,650.00	25,650.00	16,400.00	In Progress	
	Computer/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00		
	Sitework	1450	L.S.	0.00	0.00	0.00	0.00		
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	249.13	249.13	249.13	249.13	Complete	
	Roof Replacement/Porches	1460		130,000.00	130,000.00	135,570.38	135,570.38	Complete - To Be Revised	
	HVAC/Water Heater - FV East (Debt Service)	1460		0.00	0.00	0.00	0.00		
	Maintenance Storage Shop	1470	L.S.	2,495.00	2,495.00	2,495.00	2,495.00	Complete	
	Fringe Benefits AMP 1 (Was PHA Wide now by AMP)	1460	L.S.	2,827.41	2,827.41	2,827.41	2,827.41	Complete	
	Smoke/CO Detectors (Shifted from NC19P01550102)	1460	253 du	11,791.76	11,791.76	11,772.90	11,772.90	Complete - To Be Revised	
AMP 2									
NC 15-2,4	Manage Improve-Salaries/Benefits	1408	L.S.	6,706.78	6,706.78	6,706.78	6,706.78	Complete	
LINCOLN	Manage Improve-Benefits	1408	L.S.	3,706.72	3,706.72	4,135.28	4,135.28	Complete - To Be Revised	
	Employee Training	1408	L.S.	0.00	0.00	60.00	60.00	Complete - To Be Revised	
	Computer Software	1408	L.S.	0.00	0.00	0.00	0.00		
	Computer/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00		
	Office Renovations	1470	L.S.	0.00	0.00	0.00	0.00		
	Maintenance Storage Shop	1470	L.S.	2,495.00	2,495.00	2,495.00	2,495.00	Complete	

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/Performane and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

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.: NC19PO1550108		CFFP (Yes/No):		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 2	Fees & Costs	1430	L.S.	0.00	0.00	0.00	0.00	
NC 15-2,4	Comprehensive Renovations	1460	20 du.	1,087,401.46	1,087,401.46	1,162,722.41	1,150,956.72	Complete - To Be Revised
LINCOLN	Ranges	1465	20 du.	6,678.44	6,678.44	9,702.20	9,702.20	Complete - To Be Revised
(continued)	Refrigerators	1465	20 du.	4,953.74	4,953.74	9,285.26	9,285.26	Complete - To Be Revised
	Relocation	1495	L.S.	13,000.00	13,000.00	12,308.00	12,308.00	Complete - To Be Revised
	Sitework/Utilities Upgrade	1450		849.13	849.13	849.13	849.13	Complete - To Be Revised
	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
	Auto Equipment	1475	L.S.	50,001.00	50,001.00	50,001.00	50,001.00	Complete - To Be Revised
	Sitework/Dumpsters	1450	L.S.	0.00	0.00	0.00	0.00	
	Roof Replacement	1460		0.00	0.00	0.00	0.00	
	(Debt Service)							
	Fringe Benefits	1460	L.S.	250,000.00	250,000.00	192,788.16	192,788.16	Complete - To Be Revised
	Fringe Benefits - Uniforms	1460		1,200.00	1,200.00	1,178.69	1,178.69	Complete - To Be Revised
	Smoke/CO Detectors (Shifted from NC19P01550102)	1460	347 du.	13,828.23	13,828.23	14,193.21	14,193.21	Complete - To Be Revised
AMP 3	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
NC 15-5	Manage Improve-Salaries/Benefits	1408	L.S.	5,985.46	5,985.46	5,990.21	5,990.21	Complete - To Be Revised
WOODCREST	Manage Improve-Benefits	1408	L.S.	4,172.07	4,172.07	4,600.62	4,600.62	Complete - To Be Revised
NC 15-6	Employee Training	1408	L.S.	0.00	0.00	0.00	0.00	
ELMWOOD	Computer Software	1408		0.00	0.00	0.00	0.00	
NC 15-8	Computer/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00	
LITTLE	Development -New Construction	1499	L.S.	20,898.61	20,898.61	675.10	675.10	Complete - To Be Revised
WASHINGTON	HVAC/Water Heater Installation	1460	L.S.	1,393.75	1,393.75	1,393.75	1,393.75	Complete - To Be Revised

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/Performane and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

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.: NC19P01550108			CFFP (Yes/No):			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	Entry/Interior Door/Hardware	1460		0.00	0.00	0.00	0.00	
NC 15-5	Maintenance Storage Shop	1470	L.S.	2,495.00	2,495.00	2,495.00	2,495.00	Complete - To Be Revised
WOODCREST	Smoke/CO Detectors	1460	194 du.	10,622.66	10,622.66	11,334.33	11,334.33	Complete - To Be Revised
NC 15-6	(Shifted from NC19P01550102)							
ELMWOOD	Sitework/Utilities Upgrade	1450	144 du.	25,000.00	25,000.00	344.61	344.61	Complete - To Be Revised
NC 15-8	(Shifted from NC19S01550109)							
LITTLE	Fringe Benefits	1460	L.S.	2,962.05	2,962.05	2,962.05	2,962.05	Complete
WASHINGTON	(Was PHA Wide now by AMP)							
(Continued)								
AMP 4	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
NC 15-7	Replacement Gas Meters	1460		0.00	0.00	0.00	0.00	
WEST HAVEN	Maintenance Storage Shop	1470	L.S.	2,495.00	2,495.00	2,495.00	2,495.00	Complete
FAIRVIEW EAST	Manage Improve-Salaries/Benefits	1408	L.S.	5,818.13	5,818.13	5,818.13	5,818.13	Complete
	Manage Improve-Benefits	1408	L.S.	4,096.16	4,096.16	4,524.73	4,524.73	Complete - To Be Revised
	Employee Training	1408	L.S.	0.00	0.00	0.00	0.00	
	Computer Software	1408		0.00	0.00	0.00	0.00	
	Computer/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00	
	HVAC/Water Heaters	1460		0.00	0.00	0.00	0.00	
	(Debt Service)							
	Fees & Costs	1430		161,400.00	161,400.00	161,400.00	107,501.00	In Progress
	Fringe Benefits - Uniforms	1460		0.00	0.00	0.00	0.00	
	Utility Upgrades/Sitework	1450	300	25,000.00	25,000.00	710.98	710.98	Complete - To Be Revised
	(Shifted from NC19S01550109)							
	Fringe Benefits	1460	L.S.	3,904.53	3,904.53	3,904.53	3,904.53	Complete
	(Was PHA Wide now by AMP)							
	Smoke/CO Detectors	1460	250 du.	15,223.60	15,223.60	15,777.92	15,777.92	Complete - To Be Revised
	(Shifted from NC19P01550102)							

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

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Annual Statement/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

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.: NC19PO1550108			CFFP (Yes/No):		2008	
		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	Auto Equipment	1475		0.00	0.00	0.00	0.00	
NONDWELL	Computer Upgrade	1475		0.00	0.00	0.00	0.00	
EQUIPMENT	Office & Maintenance Equipment	1475		0.00	0.00	0.00	0.00	
PHA WIDE	Operations	1406		0.00	0.00	0.00	0.00	
	Sitework/Parking-Service Center	1450		16,941.08	16,941.08	16,565.57	16,565.57	Complete - To Be Revised
	Administrative Management Fees	1410		215,242.00	215,242.00	215,242.00	215,242.00	Complete - To Be Revised
	Audit	1411		2,000.00	2,000.00	2,083.35	2,083.35	Complete - To Be Revised
	Contingency	1502		0.00	0.00	0.00	0.00	
	Fringe Benefits	1460		0.00	0.00	35,167.72	35,167.72	Complete - To Be Revised
	Fringe Benefits	1450		0.00	0.00	0.00	0.00	
	Debt Service	1501		0.00	0.00	0.00	0.00	
	(Annual Estimated Payment)							
	Service Center Renovations	1470		2,723.01	2,723.01	3,302.81	3,302.81	Complete - To Be Revised
				2,152,421.00	2,152,421.00	2,152,421.00	2,077,506.31	

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.

Part III: Implementation Schedule					
PHA Name Housing Authority of the City of Goldsboro					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	Actual (2)	Original	Actual (2)	
NC 15-1 FAIRVIEW	6/12/2010	4/30/2010	6/12/2012		
NC 15-2 LINCOLN	6/12/2010	6/12/2010	6/12/2012		
NC 15-3 FAIRVIEW	6/12/2010	4/30/2010	6/12/2012		
NC 15-4 LINCOLN	6/12/2010	6/12/2010	6/12/2012		
NC 15-5 WOODCREST	6/12/2010	6/12/2010	6/12/2012	6/30/2010	
NC 15-6 ELMWOOD	6/12/2010	6/12/2010	6/12/2012	6/30/2010	
NC 15-7 WEST HAVEN	6/12/2010	5/18/2010	6/12/2012		
NC 15-8 LITTLE WASHINGTON	6/12/2010	6/12/2010	6/12/2012	6/30/2010	

1)Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacment Housing Factor and
Capital Fund Financing Program**

U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19PO1550109 Replacement Housing Factor Grant No.: Date of CFFP:		FFY of Grant: <input type="text"/> FFY OF GRANT APPROVAL: <input type="text" value="2009"/>	
<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 06/30/2010			
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 20% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	52,000.00	52,000.00	48,632.75	16,589.80
4	1410 Administration (May not exceed 10% of line 20)	215,242.00	215,242.00	230,695.00	230,695.00
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	20,000.00	20,000.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	183,500.00	228,500.00	22,036.67	7,534.03
10	1460 Dwelling Structures	1,598,430.00	1,598,430.00	1,469,224.95	453,136.76
11	1465.1 Dwelling Equipment - Nonexpendable	18,150.00	18,150.00	0.00	0.00
12	1470 Nondwelling Structures	5,000.00	5,000.00	0.00	0.00
13	1475 Nondwelling Equipment	15,000.00	32,000.00	30,541.20	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	13,650.00	13,650.00	1,451.25	1,451.25
17	1499 Development Activities	0.00	0.00	72.77	72.77
18a	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (May not exceed 8% of line 20)	180,987.00	118,987.00	0.00	0.00
20	Amount of Annual Grant (Sum of lines 2-19)	2,306,959.00	2,306,959.00	1,802,654.59	709,479.61
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Cost	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
Signature of Executive Director and Date X <i>Steve D. Owen</i> 3/22/11		Signature of Public Housing Director/Office of Native American Programs Administrator and Date X			

(1) To be completed for the Performance and Evaluation Report
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.
 (4) RHF funds shall be included here.

**Annual Statement/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011**

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.: NC19PO1550109		CFFP (Yes/No):				2009
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 15-1,3	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00	12,000.00	12,000.00	4,020.26	In Progress
FAIRVIEW	Employee Training	1408	L.S.	1,000.00	1,000.00	20.70	20.70	In Progress
FAIRVIEW EAST	Computer Software	1408		0.00	0.00	137.49	137.49	In Progress
	Computer/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00	
	Sitework	1450	L.S.	0.00	0.00	0.00	0.00	
	Sitework/Utility Renovations							
	gas/water/sewer	1450	L.S.	15,000.00	15,000.00	0.00	0.00	Pending
	Roof Replacement	1460		0.00	0.00	0.00	0.00	
	HVAC/Water Heater - FV East (Debt Service)	1460		0.00	0.00	0.00	0.00	
	Maintenance Storage Shop	1470	L.S.	0.00	0.00	0.00	0.00	
AMP 2								
NC 15-2,4	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00	12,000.00	12,000.00	4,020.26	In Progress
LINCOLN	Employee Training	1408	L.S.	1,000.00	1,000.00	20.70	20.70	In Progress
	Computer Software	1408	L.S.	0.00	0.00	137.49	137.49	In Progress
	Computer/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00	
	Office Renovations	1470	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Maintenance Storage Shop	1470	L.S.	0.00	0.00	0.00	0.00	
	Fees & Costs	1430	L.S.	20,000.00	20,000.00	0.00	0.00	Pending
	Comprehensive Renovations	1460	30 du.	1,352,000.00	1,352,000.00	1,352,000.00	391,546.28	In Progress
	Ranges	1465	30 du.	7,950.00	7,950.00	0.00	0.00	Pending

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/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

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.: NC19PO1550109 CFFP (Yes/No): Replacement Housing Factor Grant No:				2009	
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 2	Refrigerators	1465	30 du.	10,200.00	10,200.00	0.00	0.00	Pending In Progress
NC 15-2,4	Relocation	1495	L.S.	13,650.00	13,650.00	1,451.25	1,451.25	
LINCOLN (continued)	Sitework/Utilities Upgrade	1450	L.S.	15,000.00	15,000.00	15,000.00	497.36	Pending
	Sitework	1450	L.S.	150,000.00	150,000.00	0.00	0.00	In Progress
	Auto Equipment	1475	L.S.	32,000.00	32,000.00	30,541.20	0.00	
	Sitework/Dumpsters	1450	L.S.	7,500.00	7,500.00	0.00	0.00	In Progress
	Roof Replacement (Debt Service)	1460	38	114,538.00	114,538.00	0.00	0.00	
	Fringe Benefits	1460	L.S.	116,892.00	116,892.00	116,892.00	56,205.15	In Progress
	Fringe Benefits - Uniforms	1460	L.S.	0.00	0.00	332.95	5,385.33	To be Revised - JV in July to correct error in expense
AMP 3								
NC 15-5	Sitework	1450	L.S.	6,000.00	6,000.00			In Progress
WOODCREST	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00	12,000.00	12,000.00	4,020.26	
NC 15-6	Employee Training	1408	L.S.	1,000.00	1,000.00	20.70	20.70	In Progress
ELMWOOD	Computer Software	1408		0.00	0.00	137.49	137.49	In Progress
NC 15-8	Comuter/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00	In Progress - To Be Revised
LITTLE	Development -New Construction	1499	L.S.	0.00	0.00	72.77	72.77	
WASHINGTON	HVAC/Water Heater Installation	1460	L.S.	0.00	0.00	0.00	0.00	In Progress - To Be Revised
	Entry/Interior Door/Hardware	1460		0.00	0.00	0.00	0.00	
	Maintenance Storage Shop	1470	L.S.	0.00	0.00	0.00	0.00	Pending
	Exterior Mechanical Room							
	Doors/Replacement	1460	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
	Sitework/Utilities Upgrade (Shifted from NC19P01550108)	1450	L.S.	15,000.00	15,000.00	0.00	0.00	Pending

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/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

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.: NC19PO1550109			CFFP (Yes/No):		2009	
		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)	
AMP 4								
NC 15-7	Sitework	1450	L.S.	5,000.00	5,000.00	0.00	0.00	Pending
WEST HAVEN	Replacement Gas Meters	1460	200	0.00	0.00	0.00	0.00	
FAIRVIEW EAST	Maintenance Storage Shop	1470	L.S.	0.00	0.00	0.00	0.00	
	Manage Improve-Salaries/Benefits	1408	L.S.	12,000.00	12,000.00	12,000.00	3,896.27	In Progress
	Employee Training	1408	L.S.	1,000.00	1,000.00	20.70	20.70	In Progress
	Computer Software	1408		0.00	0.00	137.48	137.48	In Progress
	Computer/Copier Hardware	1475	L.S.	0.00	0.00	0.00	0.00	
	HVAC/Water Heaters (Debt Service)	1460		0.00	0.00	0.00	0.00	
	Exterior Electrical Wiring Upgrades/Maintenance	1460	L.S.	10,000.00	10,000.00	0.00	0.00	Pending
	Sitework/Utilities Upgrade (Shifted from NC19P01550108)	1450	L.S.	15,000.00	15,000.00	7,036.67	7,036.67	In Progress
PHA WIDE	Auto Equipment	1475		0.00	0.00	0.00	0.00	
NONDWELL	Computer Upgrade	1475		0.00	0.00	0.00	0.00	
EQUIPMENT	Office & Maintenance Equipment	1475		0.00	0.00	0.00	0.00	
PHA WIDE	Operations	1406		0.00	0.00	0.00	0.00	
	Sitework/Parking-Service Center	1450		0.00	0.00	0.00	0.00	
	Administrative Management Fees	1410		215,242.00	215,242.00	230,695.00	230,695.00	Complete
	Audit	1411		5,000.00	5,000.00	0.00	0.00	Pending
	Contingency	1502		118,987.00	118,987.00	0.00	0.00	Pending
	Fringe Benefits	1460		0.00	0.00	0.00	0.00	
	Fringe Benefits	1450		0.00	0.00	0.00	0.00	
	Debt Service	1501		0.00	0.00	0.00	0.00	
				2,306,959.00	2,306,959.00	1,802,654.59	709,479.61	

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.

Part III: Implementation Schedule							
PHA Name Housing Authority of the City of Goldsboro						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	9/14/2011			9/14/2013			
NC 15-2 LINCOLN	9/14/2011			9/14/2013			
NC 15-3 FAIRVIEW	9/14/2011			9/14/2013			
NC 15-4 LINCOLN	9/14/2011			9/14/2013			
NC 15-5 WOODCREST	9/14/2011			9/14/2013			
NC 15-6 ELMWOOD	9/14/2011			9/14/2013			
NC 15-7 WEST HAVEN	9/14/2011			9/14/2013			
NC 15-8 LITTLE WASHINGTON	9/14/2011			9/14/2013			

1)Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011**

Part I: Summary

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19P01550206 Replacement Housing Factor Grant No.: Date of CFFP:	Federal FY of Grant: 2006
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<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 Period Ending: 06/30/10	<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 20% 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 (may not exceed 10% of line 21)	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	96,389.89	96,389.89	96,389.89	96,389.89
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	71,408.11	71,408.11	71,408.11	65,509.11
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	167,798.00	161,899.00
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 <i>Steve D. Thomas</i> 3/22/11	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
--	---

(1) To be completed for the Performance and Evaluation Report
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.
 (4) RHF funds shall be included here.

form HUD-50075.1 (4/2008)

**Annual Statement /Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages									
PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19P01550206 Replacement Housing Factor Grant No:					CFFP (Yes/No):		Federal FFY 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 Work	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
NC 15-6 ELMWOOD	Development	1499	L.S.	71,408.11	71,408.11	71,408.11	65,509.11	In Progress	
	Sitework/Parking-SVC Center AMP 99	1450	L.S.	96,389.89	96,389.89	96,389.89	96,389.89	Complete	
				167,798.00	167,798.00	167,798.00	161,899.00		

(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 and
 Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part III: Implementation Schedule					
PHA Name Housing Authority of the City of Goldsboro					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 (1)
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NC 15-6 ELMWOOD	5/4/2009	10/30/2008	5/4/2011		

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

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

form HUD-50075.1 (4/2008)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U. S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		Grant Type and Number		Federal FY of Grant:	
PHA Name Housing Authority of the City of Goldsboro		Capital Fund Program Grant No: Replacement Housing Factor Grant No: NC19R01550108		2008	
Date of CFFP:		Revised Annual Statement/Revision Number _____		Final Performance and Evaluation Report _____	
<input type="checkbox"/> Original Annual		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Performance and Evaluation Report for period Ending: 06/30/10	
<input checked="" type="checkbox"/> Performance and Evaluation Report for period Ending: 06/30/10		<input type="checkbox"/> Revised Annual Statement/Revision Number _____		<input type="checkbox"/> Final Performance and Evaluation Report _____	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (1)	
		Original	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20)	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (May not exceed 10% of line 20)	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	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities	12,585	12,585	12,585	0
18a	1501 Collateralization or Debt Service	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (May not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant (Sum of lines 2-19)	12,585	12,585	12,585	0
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Compliance	0		0	0
23	Amount of line 20 Related to Security - Soft Costs	0		0	0
24	Amount of line 20 Related to Security - Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0
Signature of Executive Director and Date X <i>Gene D. Thon</i> 3/22/11		Signature of Public Housing Director/Office of Native American Programs Administrator and Date X			

(1) To be completed for the Performance and Evaluation Report.
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.
 (4) RHF funds shall be included here

Part II: Supporting Pages								
PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: NC19R01550108					Federal FY of Grant: 2008	
Development Number/Name PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood	Development Activities	1499	L.S.	12,585	12,585	12,585	0	In Progress
				12,585	12,585	12,585	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, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U. S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Fact Grant NoNC19R01550109			Federal FY of Grant: 2009
<input type="checkbox"/> Original Annual <input checked="" type="checkbox"/> Performance and Evaluation Report for period Ending: 06/30/10		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____ <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (1)	
		Original	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20)	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (May not exceed 10% of line 20)	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	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities	13,751	13,751	13,751	0
18a	1501 Collateralization or Debt Service	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (May not exceed 8% of line 20)	0	0	0	0
20	Amount of Annual Grant (Sum of lines 2-19)	13,751	13,751	13,751	0
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504 Compliance	0		0	0
23	Amount of line 20 Related to Security - Soft Costs	0		0	0
24	Amount of line 20 Related to Security - Hard Costs	0		0	0
25	Amount of line 20 Related to Energy Conservation Measures	0		0	0
Signature of Executive Director and Date <i>Gene D. Thom</i> 3/22/11		Signature of Public Housing Director/Office of Native American Programs Administrator and Date X			

- (1) To be completed for the Performance and Evaluation Report.
- (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement..
- (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.
- (4) RHF funds shall be included here

Part II: Supporting Pages								
PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: NC19R01550109					Federal FY of Grant: 2009	
Development Number/Name PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood	Development Activities	1499	L.S.	13,751	13,751	13,751	0	
				13,751	13,751	13,751	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, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19SO1550109 Replacement Housing Factor Grant No.: Date of CFFP: _____		FFY of Grant: 2009 FFY OF GRANT APPROVAL: 2009	
<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 06/30/2010			
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 20% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (May not exceed 10% of line 20)	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	7,025.00	7,025.00	6,943.24	6,943.24
10	1460 Dwelling Structures	2,733,445.00	2,733,445.00	2,733,526.76	897,027.83
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	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (May not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (Sum of lines 2-19)	2,740,470.00	2,740,470.00	2,740,470.00	903,971.07
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Cost	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Cost	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
Signature of Executive Director and Date X <i>Gene O. Thom</i> 3/22/11		Signature of Public Housing Director/Office of Native American Programs Administrator and Date X			

- (1) To be completed for the Performance and Evaluation Report
- 2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- 3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.
- 4) RHF funds shall be included here.

**Annual Statement/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011**

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.: NC19SO1550109			CFFP (Yes/No):		2009	
		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)	
AMP 1 NC 15-1,3 FAIRVIEW FAIRVIEW EAST	Roof Replacement HVAC/Water Heater/Electrical Upgrade - Fairview East Utilities Upgrades/Sitework (Shifted to NC19P01550109)	1460 1460 1450	253 units 50 units	571,147.00 262,050.50 0.00	571,147.00 262,050.50 0.00	571,147.00 262,099.01	571,147.00 120,613.86	Complete In Progress - To Be Revised
AMP 2 NC 15-2,4 LINCOLN	Roof Replacement Utilities Upgrades/Sitework (Shifted to NC19P01550109)	1460 1450	66 units	199,475.25 0.00	199,475.25 0.00	199,508.50	70,963.57	In Progress - To Be Revised
AMP 3 NC 15-5 WOODCREST NC 15-6 ELMWOOD NC 15-8 LITTLE WASHINGTON	Utilities Upgrades/Sitework (Woodcrest was completed in this Grant. Line Item was shifted to NC19P01550108 in order to complete Elmwood)	1450	75 units	7,025.00	7,025.00	6,943.24	6,943.24	Complete - To Be Revised

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/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

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.: NC19SO1550109		CFFP (Yes/No):			2009
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 4 NC 15-7 WEST HAVEN FAIRVIEW EAST	HVAC/Water Heater/Electrical\ Upgrade Utilities Upgrades/Sitework (Shifted to NC19P01550108)	1460 1450	300 units	1,700,772.25 0.00	1,700,772.25 0.00	1,700,772.25	134,303.40	In Progress
				2,740,470.00	2,740,470.00	2,740,470.00	903,971.07	

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.

Part III: Implementation Schedule							
PHA Name Housing Authority of the City of Goldsboro				Federal FY of Grant: 2009			
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)	
NC15-1,3 FAIRVIEW	Mar-10		Mar-10	Mar-11			
NC15-2,4 LINCOLN	Mar-10		Mar-10	Mar-11			
NC 15-5 WOODCREST NC 15-6 ELMWOOD NC 15-8 LITTLE WASHINGTON	Mar-10		Mar-10	Mar-11			
NC 15-7 WEST HAVEN	Mar-10		Mar-10	Mar-11			
NC 15-7 WEST HAVEN	Mar-10		Mar-10	Mar-11			

1)Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacment Housing Factor and
Capital Fund Financing Program**

U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19PO1550111 Replacement Housing Factor Grant No.: Date of CFFP: _____			FFY of Grant: _____ FFY OF GRANT APPROVAL: 2011	
<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"/> Performance and Evaluation Report for Program Year Ending _____ <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 20% of line 20)	0.00				
3	1408 Management Improvements	52,000.00				
4	1410 Administration (May not exceed 10% of line 20)	228,636.00				
5	1411 Audit	5,000.00				
6	1415 Liquidated Damages	0.00				
7	1430 Fees and Costs	40,000.00				
8	1440 Site Acquisition	0.00				
9	1450 Site Improvement	35,000.00				
10	1460 Dwelling Structures	1,863,496.00				
11	1465.1 Dwelling Equipment - Nonexpendable	17,931.00				
12	1470 Nondwelling Structures	5,000.00				
13	1475 Nondwelling Equipment	18,000.00				
14	1485 Demolition	0.00				
15	1492 Moving to Work Demonstration	0.00				
16	1495.1 Relocation Costs	21,300.00				
17	1499 Development Activities	0.00				
18a	1501 Collateralization or Debt Service	0.00				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00				
19	1502 Contingency (May not exceed 8% of line 20)	0.00				
20	Amount of Annual Grant (Sum of lines 2-19)	2,286,363.00	0.00	0.00	0.00	
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00	
22	Amount of line 20 Related to Section 504 Compliance	0.00	0.00	0.00	0.00	
23	Amount of line 20 Related to Security - Soft Cost	0.00	0.00	0.00	0.00	
24	Amount of line 20 Related to Security - Hard Cost	0.00	0.00	0.00	0.00	
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00	
Signature of Executive Director and Date X <i>Gene D. Thomas</i> 3/22/11		Signature of Public Housing Director/Office of Native American Programs Administrator and Date X				

(1) To be completed for the Performance and Evaluation Report

form HUD-50075.1)4/2008)

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

3) PHAs with under 250 units in management may use 100% of CFP Grants for operations.

4) RHF funds shall be included here.

Annual Statement/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

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.: NC19PO1550111			CFFP (Yes/No):		2011	
		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)	
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						
	Computer/Copier Hardware	1475	L.S.	0.00				
	Sitework/Landscaping	1450	L.S.	25,000.00				
	Sitework/Utility Renovations gas/water/sewer	1450	L.S.	0.00				
	Roof Replacement	1460		0.00				
	HVAC/Water Heater - FV East	1460		0.00				
	Maintenance Storage Shop	1470	L.S.	0.00				
	Interior/Exterior Electrical	1460		0.00				
	Wiring Upgrade & Maintenance							
	504 Upgrade	1460		25,000.00				
	Cost & Fees	1430		20,000.00				
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.	0.00				
	Office Renovations	1470	L.S.	5,000.00				
	Maintenance Storage Shop	1470	L.S.	0.00				
	Fees & Costs	1430	L.S.	20,000.00				
	Comprehensive Renovations	1460	30 du.	1,100,000.00				
	Ranges	1465	30 du.	7,731.00				

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/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program**

**U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011**

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.: NC19PO1550111		CFFP (Yes/No):			2011	
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)	
AMP 2	Refrigerators	1465	30 du.	10,200.00				
NC 15-2,4	Relocation	1495	L.S.	13,500.00				
LINCOLN	Sitework/Utilities Upgrade	1450		0.00				
(continued)	Sitework/Parking Lot/Tree Removal Landscaping	1450	L.S.	0.00				
	Auto Equipment	1475	L.S.	18,000.00				
	Sitework/Dumpsters	1450	L.S.	0.00				
	Roof Replacement	1460	L.S.	0.00				
	Fringe Benefits	1460	L.S.	116,892.00				
AMP 3								
NC 15-5	Sitework	1450	L.S.	5,000.00				
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.	0.00				
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				
	Maintenance Storage Shop	1470	L.S.	0.00				
	Exterior Mechanical Room Doors/Replacement	1460	L.S.	0.00				
	Roof Replacement	1460	50 du	200,000.00				
	Interior/Exterior Plumbing Rpl.	1460	10	10,000.00				
	Relocation	1495	10	7,800.00				

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/Performane and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

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.: NC19PO1550111			CFFP (Yes/No):		2011	
		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)	
AMP 4	Sitework	1450	L.S.	5,000.00				
NC 15-7	Replacement Gas Meters	1460		0.00				
WEST HAVEN	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.	0.00				
	HVAC/Water Heaters	1460		0.00				
	Roof Replacement	1460	172 du	411,604.00				
	Roof Replacement/Non-dwell	1470	2	0.00				
PHA WIDE	Auto Equipment	1475		0.00				
NONDWELL	Computer Upgrade	1475		0.00				
EQUIPMENT	Office & Maintenance Equipment	1475		0.00				
PHA WIDE	Operations	1406		0.00				
	Administrative Management Fees	1410		228,636.00				
	Audit	1411		5,000.00				
	Contingency	1502		0.00				
	Fringe Benefits	1460		0.00				
	Fringe Benefits	1450		0.00				
	Debt Service	1501		0.00				
				2,286,363.00	0.00	0.00	0.00	

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.

Part III: Implementation Schedule

PHA Name: Housing Authority of the City of Goldsboro
 Federal FY of Grant: 2011

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)	
AMP 1 NC15-1,3 FAIRVIEW NC15-7 FAIRVIEW EAST	July 14, 2013			July 14, 2015			
AMP 2 NC15-2,4 LINCOLN	July 14, 2013			July 14, 2015			
AMP 3 NC15-5 WOODCREST NC15-6 ELMWOOD NC15-8 LITTLE WASHINGTON	July 14, 2013			July 14, 2015			
AMP 4 NC15-7 WEST HAVEN	July 14, 2013			July 14, 2015			

1)Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program - Five-Year Action Plan

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Expires 4/30/2011

Part I: Summary					
PHA Name/Number		Locality: (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No.
Goldsboro Housing Authority		Goldsboro, Wayne County, North Carolina			
A. Development Number/Name	Work Statement for Year 1 2011 FFY: _____	Work Statement for Year 2 2012 FFY: _____	Work Statement for Year 3 2013 FFY: _____	Work Statement for Year 4 2014 FFY: _____	Work Statement for Year 5 2015 FFY: _____
AMP 1, NC15-1,3 FAIRVIEW APARTMENTS	SEE	158,000	208,000	108,000	108,000
AMP 2, NC15-2,4 LINCOLN APARTMENTS		1,485,800	1,570,800	1,673,818	1,673,818
AMP 3 - DEVELOPMENTS	ANNUAL	5,000	5,000	6,000	6,000
NC15-5, WOODCREST TERRACE	STATEMENT	0	0	0	0
NC15-6, ELMWOOD TERRACE		0	0	0	0
NC15-8, LITTLE WASHINGTON		0	0	0	0
AMP 4, NC15-7 WEST HAVEN		325,000	5,000	5,000	5,000
PHA - WIDE - COCC		0	0	0	0
B. Physical Improvements Subtotal		1,973,800	1,788,800	1,792,818	1,792,818
C. Management Improvements		52,000	52,000	52,000	52,000
D. HA-Wide Nondwelling Structures & Equipment		25,000	25,000	25,000	25,000
E. Administration		228,636	228,636	228,636	228,636
F. Other		6,927	191,927	187,909	187,909
G. Operations		0	0	0	0
H. Demolition					
I. Development					
J. Capital Fund Financing - Debt Service					
K. Total CFP Funds		2,286,363	2,286,363	2,286,363	2,286,363
L. Total Non-CFP Funds					
M. Grand Total		2,286,363	2,286,363	2,286,363	2,286,363
Signature of Executive Director		Date:	Signature of Public Housing Director/Office of Native American Programs Administrator		Date:
X <i>Bene D. Thomas</i>		3/22/11			

form HUD-50075.2 (4/2008)

Part II: Supporting Pages - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY: 2011	Work Statement for Year 2 FFY: 2012			Work Statement for Year 3 FFY: 2013		
	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	L.S.	8,000	Sitework	L.S.	8,000
	Sitework/Utility Renovations/gas/water/sewer		0	Sitework/Utility Renovations/gas/water/sewer		200,000
	Roofing - Fairview East	50 du	125,000			
	504 Renovations		25,000			
	AMP 2 NC15-2,4 Lincoln			AMP 2 NC15-2,4 Lincoln		
	Comprehensive Renovations	30 du	1,100,000	Comprehensive Renovations	30 du	1,100,000
	Fringe Benefits - Force Account	L.S.	114,600	Fringe Benefits - Force Account	L.S.	114,600
	Ranges	30 du	5,300	Ranges	30 du	5,300
	Refrigerators	30 du	6,800	Refrigerators	30 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.	100,000
	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
	Roof Replacement	80 du	200,000	Roof Replacement	80 du	200,000
	Subtotal of Estimated Cost		1,643,800	Subtotal of Estimated Cost		1,778,800

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2011	Work Statement for Year 2 FFY: 2012			Work Statement for Year 3 FFY: 2013		
	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 3 NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington			AMP 3 NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington		
	HVAC/Water Heater Installation		0			
	Entry/Interior Door/Hardware		0	Entry/Interior Door/Hardware		0
	Sitework/Tree Removal/Planting/Landscaping	L.S.	5,000	Sitework	L.S.	5,000
	Sitework/Sidewalks/shutters/outdoor lighting		0	Interior/Exterior Renovations		0
				Roof Replacement		0
	AMP 4 NC15-7 West Haven			AMP 4 NC15-7 West Haven		
	Sitework	L.S.	5,000	Replacement Gas Meters		
	Roof Replacement	128 du	320,000	Sitework	L.S.	5,000
	Interior/Exterior Door Replacement		0			
PHA Wide - CCOC			PHA Wide - CCOC			
Debt Service		0	Debt Service	L.S.	0	
Subtotal of Estimated Cost			330,000	Subtotal of Estimated Cost		10,000

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2011	Work Statement for Year 2 FFY: 2012			Work Statement for Year 3 FFY: 2013		
	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		0	COMPUTER/COPIER HARDWARE		0
	<u>AMP 2</u>			<u>AMP 2</u>		
	Computer/Copier Hardware	L.S.	0	Computer/Copier Hardware	L.S.	0
	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.	0	Computer/Copier Hardware	L.S.	0
	<u>AMP 4</u>			<u>AMP 4</u>		
	Computer/Copier Hardware	L.S.	0	Computer/Copier Hardware	L.S.	0
Subtotal of Estimated Cost			25,000	Subtotal of Estimated Cost 25,000		

Part II: Supporting Pages - Physical Needs Work Statement(s)

Work Statement for Year 1 FFY: 2011	Work Statement for Year 4 FFY: 2014			Work Statement for Year 5 FFY: 2015		
	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>AMP 1 NC15-1,3 Fairview Fairview East</p> <p>Sitework Sitework/Utility Renovations/gas/water/sewer</p> <p>AMP 2 NC15-2,4 Lincoln</p> <p>Comprehensive Renovations Fringe Benefits - Force Account Ranges Refrigerators Relocation Sitework Sitework/Utilities Upgrade Sitework/Dumpsters Fees & Costs Demolition Development Roof Replacement Sitework/Parking Lots</p>	<p>L.S.</p> <p>30 du L.S. 30 du 30 du L.S. L.S. L.S. L.S. L.S. L.S. L.S. L.S. L.S. L.S.</p>	<p>8,000 100,000</p> <p>1,100,000 114,600 5,300 6,800 9,100 10,000 100,000 5,000 20,000 0 0 0 303,018</p>	<p>AMP 1 NC15-1,3 Fairview Fairview East</p> <p>Sitework Sitework/Utility Renovations/gas/water/sewer</p> <p>AMP 2 NC15-2,4 Lincoln</p> <p>Comprehensive Renovations Fringe Benefits - Force Account Ranges Refrigerators Relocation Sitework Sitework/Utilities Upgrade Sitework/Dumpsters Fees & Costs Demolition Development Roof Replacement Sitework/Parking Lots</p>	<p>L.S.</p> <p>20 du L.S. 20 du 20 du L.S. L.S. L.S. L.S. L.S. L.S. L.S. L.S. L.S. L.S.</p>
	Subtotal of Estimated Cost		1,781,818	Subtotal of Estimated Cost		1,781,818

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2011	Work Statement for Year 4 FFY: 2014			Work Statement for Year 5 FFY: 2015		
	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><u>AMP 3</u> NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington</p>			<p><u>AMP 3</u> NC15-4 Woodcrest NC15-6 Elmwood NC15-8 Little Washington</p>		
	Entry/Interior Door/Hardware		0	Entry/Interior Door/Hardware		0
	Sitework	L.S.	6,000	Sitework	L.S.	6,000
	Roof Replacement		0			
	<p><u>AMP 4</u> NC15-7 West Haven</p>			<p><u>AMP 4</u> NC15-7 West Haven</p>		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	Roof Replacement		0	Roof Replacement		0
	<p><u>PHA Wide - CCOC</u></p>			<p><u>PHA Wide - CCOC</u></p>		
	Debt Service		0	Debt Service		0
	Subtotal of Estimated Cost		11,000	Subtotal of Estimated Cost		11,000

Part II: Supporting Pages - Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2011	Work Statement for Year 4 FFY: 2014			Work Statement for Year 5 FFY: 2015		
	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		0	COMPUTER/COPIER HARDWARE		0
	<u>AMP 2</u>			<u>AMP 2</u>		
	Computer/Copier Hardware	L.S.	0	Computer/Copier Hardware	L.S.	0
	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.	0	Computer/Copier Hardware	L.S.	0
	<u>AMP 4</u>			<u>AMP 4</u>		
	Computer/Copier Hardware	L.S.	0	Computer/Copier Hardware	L.S.	0
	Subtotal of Estimated Cost		25,000	Subtotal of Estimated Cost		25,000

Part III: Supporting Pages - Management Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2011	Work Statement for Year 2 FFY: 2012			Work Statement for Year 3 FFY: 2013		
	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		0	AMP 1 NC15-1,3 Fairview		0
	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	L.S.	0	Computer Software	L.S.	0
	AMP 2 NC15-2,4 Lincoln		0	AMP 2 NC15-2,4 Lincoln		0
	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
	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	L.S.	0	Computer Software	L.S.	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.	0	Operations	L.S.	0
	Administrative Management Fees	L.S.	228,636	Administrative Management Fees	L.S.	228,636
	Audit		5,000	Audit		5,000
Contingency		1,927	Contingency		186,927	
Subtotal of Estimated Cost			287,563	Subtotal of Estimated Cost		
				472,563		

Part III: Supporting Pages - Management Needs Work Statement(s)						
Work Statement for Year 1 FFY: 2011	Work Statement for Year 4 FFY: 2014			Work Statement for Year 5 FFY: 2015		
	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.	0	Operations	L.S.	0
Administrative Management Fees	L.S.	228,636	Administrative Management Fees	L.S.	228,636	
Audit		5,000	Audit		5,000	
Contingency		182,909	Contingency		182,909	
Subtotal of Estimated Cost			468,545	Subtotal of Estimated Cost		
				468,545		

Statement of Housing Needs

Wayne County has an estimated population of 113,811 based on the 2009 Estimated Census Data Set. There are a total of 44,498 occupied units and a total of 50,646 housing units, for a vacancy rate of 12.1 percent.

With an annual turnover rate of 22% of the units in public housing, the GHA will have over 270 units to place families in this year.

The average wait is three to four months for elderly units and one to seven months for family properties.

Below is the table for Housing Needs.

Housing Needs of Families in the Jurisdiction							
by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1854	3	NA	NA	NA	NA	NA
Income >30% but <=50% of AMI	1319	3	NA	NA	NA	NA	NA
Income >50% but <80% of AMI	1861	2	NA	NA	NA	NA	NA
Elderly	4217	3	NA	NA	NA	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

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, 2009.

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

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.

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 6/30/2009.

Objective 2: Section 8 program experienced an increase of 17 new landlord participants during 2010. 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.

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

VAWA

I. Goals and Objectives

The GHA's policy is to comply with the 2005 Violence Against Women Act (VAWA) Public Law 109 – 162 and has been incorporated into the GHA's Admission to Continuing Occupancy of Low Rental Housing and the Section 8 program. The GHA will comply with all legal requirements imposed by VAWA and provide housing opportunities for victims of domestic violence, dating violence, or stalking. The GHA 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.

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)]
Lincoln	347	This is an older development with a large number of elderly residents with low incomes and a low percentage of earned incomes.	

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 Janice Ham; elected March 1, 2011. 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 January 20, 2015.

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; The GHA will consider 20 (twenty) hours per week as the minimum number of hours needed to qualify for work activity.
- (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.

- (1) The Property Manager/Assistant will notify the residents 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 Property Manager/Assistant will review the form.
 - b. If the resident is approved as exempt status, the Property Manager will notify the resident.
- (2) Property Manager/Assistant will give new residents that are eligible for Community Service, a Community Service Policy which will contain a written description of the service requirement and an opportunity to claim an exempt status. Property Manager will have the resident sign a receipt for copy of the policy and forms.

A. Each non-exempt resident will be given a list of possible community service activities that they may perform as community service hours but not limited to those activities. 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 Property Manager/Assistant will have the non-exempt resident sign for Attachment (B). This receipt will be filed in the resident's files.
- (2) Non-exempt residents will turn completed certification forms to their property manager/assistant monthly by the 1st (first) to be filed.
- (3) The Property Manager/Assistant must review and verify family compliance with service requirement at least before the end of each month.

E. RESIDENT NONCOMPLIANCE

- 1) The GHA will review family compliance 90/120 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 non-renewal of the lease because of such determination.
- (4) If the family does not comply, their lease will be terminated.

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.

ATTACHMENT A
New Move Ins/Status Change

GOLDSBORO HOUSING RECEIPT OF COMMUNITY SERVICE POLICY

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

(DATE)

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

(PRINTED NAME OF RESIDENT): _____

(PRINTED ADDRESS): _____

GHA EMPLOYEE: _____

GHA EMPLOYEE TITLE: _____

I understand that as a resident of the GHA, I am required by law to contribute (8) eight hours per month of community service or participate in an economic-self sufficient program.

Resident Signature

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
	<i>Total Hours</i>			

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

Eligible Community Service Activities (But not limited to)

Local public or non-profit institutions such as:

Schools

Head Start Program

Before or after-school program

Child Care Centers

Hospitals

Clinics

Hospices

Nursing Homes

Recreation Centers

Senior Centers

Adult day-care programs

Homeless shelters

Feeding Programs

Food banks (distributing either donated or commodity foods)

Clothes closets (distributing donated clothing)

Attachment C
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 activity: at least 20 hours per week**

_____ **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.**

_____ **Any kind of class that helps a person toward economic independence**

Note: If your status should change from any condition listed above, it is your responsibility to report the change immediately.

Documentation must be provided to the housing manager for all items checked off. I certify by my signature that I am unable to comply with the community service requirement.

Signature of Resident

Date

What type of documentation was submitted? _____

Signature of GHA Employee

Goldsboro Housing Authority Non-Compliance Notice

Dear _____:

This notice is to inform you that _____ is in non-compliance with the community service requirement of _____ hours. If these hours are not completed your lease will not be renewed for non-compliance of the community service requirement mandated by HUD unless you enter into a written agreement to cure the hours of non-compliance with the GHA at the re-examination process.

You may request a grievance hearing in accordance with the GHA grievance procedure.

PHA Representative

Date

Attachment B

Goldsboro Housing Authority Non-Exempt Form

Date _____

Participant Name:

I have received and read the Community Services and Self Sufficiency Requirement (CSSR). I understand that as a resident of public housing, I am required by law to contribute (8) eight hours per month of community service or participate in an economic self –sufficiency program. I further understand that I am not exempt; failure to comply with CSSR is grounds for lease termination.

Resident _____

Address _____

Date of Signature _____

Entrance Acknowledgement

Date:

Participant Name:

I have received and read the Community Services and Self Sufficient Requirement (CSSR) Policy. I understand that as an applicant that if I become a resident of the Goldsboro Housing Authority, I am required by law to contribute (8) eight hours per month of community service or participate in an economic self –sufficiency program. I further understand that if I am not exempt; failure to comply with CSSR is grounds for lease termination. My signature below certifies I received notice of this requirement at the time of initial program participation.

Signature_____

Date of Signature_____

**Goldsboro Housing Authority Community Service
Non-Compliance Agreement**

Resident Name_____

Address_____

Account # and Development_____

I_____ agree and understand that I need to complete_____ community service hours to cure the deficiency hours that have accumulated since_____ (last re-exam date). I also understand that I am required to complete the deficient while also performing the current requirement of 96 hours during the next twelve months.

Signatures:

Resident_____

Head of Household_____

Property Manager/Assistant_____

Date_____

Final Warning Notice

Dear _____:

This notice is to inform you that _____ is in non-compliance with the community service requirement of _____ hours. If these hours are not completed your lease will not be renewed.

You may request a grievance hearing in accordance with the GHA grievance procedure.

PHA Representative

Date

Community Service Reminder Notice

Date _____

Name _____

Address _____

Goldsboro, NC 27530

Dear (Ms./Mr.) _____:

This notice is to inform you that _____ is not in compliance with the Community Service Requirement. If you have any questions, you may contact your Property Manager.

Signature of Property Manager/Assistant

Extenuating/Special Circumstances Agreement

Resident Name _____

Address _____

Account # and Development _____

I _____ agree and understand that I need to

complete _____ community service hours to cure the deficiency hours that

have accumulated since _____ (last re-exam date). I also understand

that I must report to Ms. G. White, Resident Services Coordinator at (919) 735-4226, ext. 118 and /or my property manager on a weekly basis as to the status of the completion of the delinquent hours.

Signatures:

Resident _____

Head of Household _____

Property Manager/Assistant _____

Date _____

2/2010

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 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.~~ A pet fee of \$5.00 per month will be assessed the pet owner.
- (3) Fumigation and pest control measures taken by the GHA directly attributable to the keeping of a pet in the apartment shall be charged to the pet owner, if said pet owner fails to control fleas and other common pests associated with keeping of animals in

the apartment. Costs of same will be billed to the Resident in the amount that it costs the GHA to employ a professional firm for this purpose.

D. Inoculations.

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

E. Sanitary Standards.

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

~~(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 ~~fee~~ deposit, in accordance with the requirements of the Pet Policy prior to occupancy. A ~~\$5.00~~ \$5.00 per ~~occurrence~~ month pet ~~waste removal~~ fee charge will be assessed ~~for failure of~~ the pet owner ~~to remove pet wastes~~.
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 ~~will be~~ may have his/her lease terminated ~~penalized~~ if the pet is allowed to violate any of the requirements herein.

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

waiver of liability and hold GHA harmless should the pet get loose during emergency maintenance or requested work with permission to enter.

~~17. 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.~~

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18.17. 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.

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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

our conclusion that conversion of Fairview
affect the availability of affordable housing in
ply of units to convert to tenant-based

ment units was built in 1951. The development
75% in the PHAS Physical Report for Fiscal
of 97%.

market for rental property. This is primarily
Base and a low Fair Market Rent in the Section
their properties to the subsidy program, when
market.

ram has experienced problems attracting
our conclusion that conversion of Lincoln
affect the availability of affordable housing in
ply of units to convert to tenant-based

ment units was built in 1962. The development
0% in the PHAS Physical Report for Fiscal Year
e modernization through the Comprehensive
ed into modern apartments with central air and
%.

market for rental property. This is primarily
Base and a low Fair Market Rent in the Section
their properties to the subsidy program, when
market.

ram has experienced problems attracting
our conclusion that conversion of Woodcrest

am has experienced problems attracting
our conclusion that conversion of Elmwood
diversely affect the availability of affordable
enough supply of units to convert to tenant-

ns 250 family units and 50 elderly units. The
by the PHAS Physical Report for Fiscal Year
ncy rate is In excess of 97%.

market for rental property. This is primarily
Base and a low Fair Market Rent in the Section
t their properties to the subsidy program, when
market.

ram has experienced problems attracting
our conclusion that conversion of West Haven
affect the availability of affordable housing in
ply of units to convert to tenant-based

units and was built in 1978. The units are in
middle of a City-financed Redevelopment
sed of middle income families and is very stable.
ar 2000 score of 24.8 or 83% further indicates
. The occupancy rate is 100%.

market for rental property. This is primarily
Base and a low Fair Market Rent in the Section
t their properties to the subsidy program, when
market.

Contact People for Developments

Fairview

Ms. Seneca Truzys
902-D Fairview Circle
Goldsboro, NC 27530
Phone—736-0269
Cell-----223-1496

Lincoln

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

Woodcrest

Ms. Janice Ham
410 E. Holly Street
Goldsboro, NC 27530
Phone 734-9407

Elmwood Terrace

Ms. Janet Baber
405 E. Spruce Street
Goldsboro, NC 27530
Phone ---734-4096

West Haven

Ms. Lillie Jones-----Youth Leader
142 Dupont Circle
Goldsboro, NC 27530
Phone---731-9873, cell-221-7812

Mr. Michael Smith---appointed by Mr. Bass to be V. President
343 N. Alabama Avenue
Goldsboro, NC 27530

Little Washington
Ms. Patricia Midgette
612 Whitfield Drive
922-3814

NARRATIVE SUMMARY OF CFP PROGRAM YEAR
As of June 30, 2010

MAJOR WORK ACCOMPLISHED DURING THE PROGRAM YEAR OF July 1, 2009 THRU
JUNE 30, 2010 INCLUDED THE FOLLOWING:

1. CONTINUATION OF COMPREHENSIVE RENOVATIONS AT THE LINCOLN DEVELOPMENT.
2. RELOCATION OF RESIDENTS NECESSARY TO ACCOMPLISH THE COMPREHENSIVE RENOVATIONS AT THE LINCOLN DEVELOPMENT.
3. CONTINUATION OF A CONTRACT WITH ARCHITECTURE TO DESIGN (6) NEW UNITS AT ELMWOOD TERRACE.
5. CONTINUATION OF A CONTRACT WITH GENERAL CONTRACTOR TO REBUILD THE 6 UNITS AT THE ELMWOOD DEVELOPMENT
6. COMPLETED CONTRACT FOR PARKING LOT INSTALLATION AT ADMINISTRATIVE OFFICE.
8. ROOFS AND PORCHES AT THE LINCOLN DEVELOPMENT.
9. ROOFS AND PORCHES AT THE FAIRVIEW DEVELOPMENT.
10. ENTERED INTO A CONTRACT WITH ARCHITECT FOR THE DESIGN OF HVAC UNITS AT WEST HAVEN AND FAIRVIEW EAST DEVELOPMENTS.
11. ENTERED INTO A CONTRACT WITH CONTRACTOR TO INSTALL HVAC UNITS AT THE WEST HAVEN AND FAIRVIEW EAST DEVELOPMENTS.

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

GRANT #NC19P01550105

THIS GRANT CLOSED IN JUNE 2010.

GRANT #NC19P01550106

THIS GRANT IS FULLY OBLIGATED AND EXPENDED.

GRANT #NC19R01550206

THIS GRANT IS FULLY OBLIGATED AND EXPENDED

GRANT #NC19P01550206

THIS GRANT IS ON SCHEDULE.

GRANT #NC19P01550107

THIS GRANT IS ON SCHEDULE.

GRANT #NC19P01550108

THIS GRANT IS ON SCHEDULE.

GRANT #NC19R01550108

THIS GRANT IS ON SCHEDULE.

GRANT #NC19P01550109

THIS GRANT IS ON SCHEDULE.

GRANT #NC19S01550109

THIS GRANT IS ON SCHEDULE.

GRANT #NC19R01550109

THIS GRANT IS ON SCHEDULE.

ACTUAL OBLIGATIONS ENDING JUNE 30, 2010

GRANT NC19P01550105	\$2,181,832.00
GRANT NC19P01550106	\$1,983,266.00
GRANT NC19R01550206	\$ 6,607.00
GRANT NC19P01550206	\$ 167,798.00
GRANT NC19P01550107	\$2,167,328.00
GRANT NC19P01550108	\$2,152,421.00
GRANT NC19R01550108	\$ 12,585.00
GRANT NC19P01550109	\$1,802,654.59
GRANT NC19S01550109	\$2,740,470.00
GRANT NC19R01550109	\$ 13,751.00

ACTUAL EXPENDITURES ENDING JUNE 30, 2010

GRANT NC19P01550105	\$2,181,832.00
GRANT NC19P01550106	\$1,983,266.00
GRANT NC19R01550206	\$ 6,607.00
GRANT NC19P01550206	\$ 161,899.00
GRANT NC19P01550107	\$2,087,961.58
GRANT NC19P01550108	\$2,077,506.31
GRANT NC19R01550108	\$.00
GRANT NC19P01550109	\$ 709,479.61
GRANT NC19S01550109	\$ 903,971.07
GRANT NC19R01550109	\$.00

EXPLANATION OF PERFORMANCE ON IMPLEMENTATION SCHEDULE

GRANT NC19P01550105 - CLOSED IN JUNE 2010

GRANT NC19P01550106 - ON SCHEDULE - WILL CLOSE IN SEPTEMBER 2010

GRANT NC19R01550206 - CLOSED IN AUGUST 2009

GRANT NC19P01550206 - ON SCHEDULE - WILL CLOSE IN SEPTEMBER 2010

GRANT NC19P01550107 - ON SCHEDULE

GRANT NC19P01550108 - ON SCHEDULE

GRANT NC19R01550108 - ON SCHEDULE

GRANT NC19P01550109 - ON SCHEDULE

GRANT NC19S01550109 - ON SCHEDULE

GRANT NC19R01550109 - ON SCHEDULE

THE HOUSING AUTHORITY HAS UPDATED THE NEEDS ASSESSMENT AND IT IS ON FILE FOR REVIEW AT THE GOLDSBORO HOUSING AUTHORITY OFFICE.

END OF NARRATIVE REPORT

NOTE: THIS REPORT IS FOR PERFORMANCE AND EVALUATION REPORTS ENDING JUNE 30, 2010. SOME REVISIONS AND CLOSEOUTS HAVE BEEN SUBMITTED PRIOR TO THE SUBMISSION OF THESE REPORTS WHICH HAVE BEEN APPROVED AND UPDATED IN LOCC'S AFTER THE END OF OUR JUNE 30, 2010 FISCAL YEAR.