# PHA Plans for the Housing Authority of the City of Hickory

5 Year Plan for Fiscal Years 2003 - 2007 Annual Plan for Fiscal Year 2003

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

## PHA Plan Agency Identification

PHA	Name: Housing Authority for the City of Hickory
РНА	Number: NC056
РНА	Fiscal Year Beginning: (mm/yyyy) 10/2003
Publi	c Access to Information
	nation regarding any activities outlined in this plan can be obtained by ting: (select all that apply)  Main administrative office of the PHA  PHA development management offices  PHA local offices
— Displa	ay Locations for PHA Plans and Supporting Documents
that ap	Main administrative office of the PHA PHA development management offices PHA local offices Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library PHA website Other (list below)  Plan Supporting Documents are available for inspection at: (select all that apply)
	Main business office of the PHA PHA development management offices Other (list below)

## 5-YEAR PLAN PHA FISCAL YEARS 2003 - 2007

[24 CFR Part 903.5]

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Α.	- IV	100	sion
7 <b>3</b> •	TAT	TION	

erving the needs of low-income, very low income, and extremely low-income cion. (select one of the choices below)  e PHA is the same as that of the Department of Housing and cent: To promote adequate and affordable housing, economic suitable living environment free from discrimination.  PHA has and is meeting its mission. This is evident by the resident satisfaction.  on is: (state mission here)
ent: To promote adequate and affordable housing, economic suitable living environment free from discrimination.  PHA has and is meeting its mission. This is evident by tresident satisfaction.
I below are derived from HUD's strategic Goals and Objectives and those on. PHAs may select any of these goals and objectives as their own, or ectives. Whether selecting the HUD-suggested objectives or their own, NCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. include targets such as: numbers of families served or PHAS scores ify these measures in the spaces to the right of or below the stated objectives.
crease the availability of decent, safe, and affordable
additional rental vouchers: ablic housing vacancies: private or other public funds to create additional housing ties: r build units or developments below)
FYE 9/30/02, the PHA leased an average of 426 of the 449
PHA plans to maintain a 98% occupancy rate for FYE 9/04.

	$\boxtimes$	Concentrate on efforts to improve specific management functions:
	<b>-</b>	(list; e.g., public housing finance; voucher unit inspections)
		Renovate or modernize public housing units:
	$\bowtie$	Demolish or dispose of obsolete public housing:
	$\bowtie$	Provide replacement public housing:
	$\boxtimes$	Provide replacement vouchers:
		Other: (list below)
third refrige PHA h passin publish develo The P	of its perators.  nas cont g SEMA h and d ped a re HA con	ement: During 2002, the PHA has been able to successfully modernize one- bublic housing stock with new cabinets, floor tile and new stoves and In addition the PHA has undertaken a major landscaping initiative. The finued in its efforts to strive to achieve a high performer PHAS score and a AP score. The PHA has continued to conduct regular resident meetings, distribute a monthly news brief, establishing a relationship with the newly esident counsel, implemented new policies and modernized units as needed. attinued to research the possibility for plans to demolish obsolete public and providing replacement vouchers.
$\boxtimes$		Goal: Increase assisted housing choices
	Object	
		Provide voucher mobility counseling:
	$\bowtie$	Conduct outreach efforts to potential voucher landlords
		Increase voucher payment standards
		Implement voucher homeownership program:
	$\bowtie$	Implement public housing or other homeownership programs:
		Implement public housing site-based waiting lists:
		Convert public housing to vouchers:
		Other: (list below)
Progre	ess State	ement: For FYE 9/30/02, the PHA administered the Section 8
Home	ownersh	nip Program and successfully placed eight (8) Section 8 residents in
homeo	wnersh	ip.
IIII	C44	:- C1. T
HUD	Sirateg	ic Goal: Improve community quality of life and economic vitality
$\boxtimes$	PHA (	Goal: Provide an improved living environment
	Object	ives:
		Implement measures to deconcentrate poverty by bringing higher income
		public housing households into lower income developments:
	$\boxtimes$	Implement measures to promote income mixing in public housing by
	<u> </u>	assuring access for lower income families into higher income
		developments:
	$\boxtimes$	Implement public housing security improvements:
		Designate developments or buildings for particular resident groups
		(elderly, persons with disabilities)
		Other: (list below)
	Ш	Onici. (noi octow)

<u>Progress Statement</u>: During 2002, the PHA successfully met the objectives in this section through the implementation of its Tenant Selection Policy and will continue to do so. The PHA increased police patrols and increased security lighting at the Ridgecrest Housing and Hillside Gardens communities.

# **HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

$\nabla$	PHA Goal: Promote self-sufficiency and asset development of assisted
	households
	Objectives:
	Increase the number and percentage of employed persons in assisted
	families:
	Provide or attract supportive services to improve assistance recipients' employability:
	Provide or attract supportive services to increase independence for the elderly or families with disabilities.
	Other: (list below)
Progre	ess Statement: During 2002, the PHA has continued meeting the objectives in this
_	and will continue on an on-going basis.
HUD S	Strategic Goal: Ensure Equal Opportunity in Housing for all Americans
$\boxtimes$	PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
	Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
	Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
	Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
	Other: (list below)
Progre	ess Statement: During 2002, the PHA has continued in meeting the objectives in
_	ction and will continue on an on-going basis.
	0 0

5 Year Plan for the Hickory Housing Authority, Page 3

Other PHA Goals and Objectives: (list below)

## Annual PHA Plan PHA Fiscal Year 2003

[24 CFR Part 903.7]

1. / / / / / /	uai i ian i ypc.
Select which	ch type of Annual Plan the PHA will submit.
$\boxtimes$ s	tandard Plan
Streamli	ned Plan:
Γ	High Performing PHA
Ī	Small Agency (<250 Public Housing Units)
	Administering Section 8 Only
□ T	roubled Agency Plan

## ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Annual Plan Tyne

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

The Housing Authority of the City of Hickory has prepared this Annual Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The purpose of the Annual Plan is to provide a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.

The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will assure that our residents will receive the best customer service.

Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.

The most important challenges to be met by the Housing Authority of the City of Hickory during FY 2003 include:

- Preserve and improve the public housing stock through the Capital Funds Activities;
- Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board; and

- Train staff and commissioners to fully understand and take advantage of opportunities in the new law and regulations to better serve our residents and the community;
- Identify, develop and leverage services to enable low-income families to become selfsufficiency and economic empowerment activities for residents;
  - provide self-sufficiency and economic empowerment activities for residents;
  - increase affordable housing through the implementation of the Section 8 Housing Choice Voucher Program.

In closing, this Annual Plan exemplifies the commitment of the Housing Authority of the City of Hickory to meet the housing needs of the full range of low-income residents. The Housing Authority of the City of Hickory, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the "higher quality of life" destination for the City of Hickory.

## iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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#### **Attachments**

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

Requir	red Attachments:	
$\boxtimes$	Admissions Policy for Deconcentration	(nc056a01)
$\boxtimes$	FY 2003 Capital Fund Program Annual Statement	(nc056b01)
	Most recent board-approved operating budget (Required Attachr	nent for PHAs
	that are troubled or at risk of being designated troubled ONLY)	
$\boxtimes$	Other (List below, providing each attachment name)	
	Deconcentration and Income Mixing Analysis	(nc056d01)
	- Substantial Deviation and Significant Amendment or Modifie	cation (nc056f01)
	- Initial Voluntary Conversion Assessment	(nc056g01)
	- Pet Ownership Policy	(nc056h01)
	- Resident Membership on PHA Board of Governing Body	(nc056i01)
	- Membership of Resident Advisory Board	(nc056j01)
	- Progress Statement	(nc056k01)
	- Summary of Policy or Program Changes for the Upcoming Y	
	Resident Satisfaction Survey Agency Follow-up Plan	(nc056m01)
	- Section 8 Homeownership Capacity Statement	(nc056n01)
	- 2002 Capital Funds Performance and Evaluation Report	(nc056p01)
	- Family Self-Sufficiency Program	(nc056r01)
	- Section 8 Project Based Voucher Program (added)	(nc056s01)
Op	tional Attachments:	
$\cong$	PHA Management Organizational Chart	(nc056e01)
$\boxtimes$	FY 2003 Capital Fund Program 5 Year Action Plan	(nc056c01)
	Public Housing Drug Elimination Program (PHDEP) Plan	
$\boxtimes$	Comments of Resident Advisory Board or Boards (must be attac	hed if not
	included in PHA Plan text)	(nc056q01)
$\boxtimes$	Other (List below, providing each attachment name)	
	Hickory HA Action Plan	(nc056o01)

### **Supporting Documents Available for Review**

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

	List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Applicable Plan Component					
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans					
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans					
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs	5 Year and Annual Plans					

List of Supporting Documents Available for Review							
Applicable	Applicable Supporting Document Applicable Plan						
& On Display		Component					
On Display	or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.						
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs					
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;					
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies					
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies					
X	Public Housing Deconcentration and Income Mixing Documentation:  1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies					
X	Public housing rent determination policies, including the methodology for setting public housing flat rents  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination					
X	Schedule of flat rents offered at each public housing development  Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination					
X	Section 8 rent determination (payment standard) policies    check here if included in Section 8   Administrative Plan	Annual Plan: Rent Determination					
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance					
X	Public housing grievance procedures    Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures					
X	Section 8 informal review and hearing procedures  check here if included in Section 8  Administrative Plan	Annual Plan: Grievance Procedures					

Applicable   List of Supporting Documents Available for Review  Applicable   Supporting Document   Applicable Plan						
& On Display		Component				
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs				
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs				
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs				
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs				
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition				
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing				
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing				
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership				
X	Policies governing any Section 8 Homeownership program    Check here if included in the Section 8    Administrative Plan	Annual Plan: Homeownership				
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-sufficiency				
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-sufficiency				
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-sufficiency				
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention				
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit				
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs				
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)				

## 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction							
by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	312	4	4	3	5	3	5
Income >30% but <=50% of AMI	670	2	3	5	5	3	5
Income >50% but <80% of AMI	1033	2	2	5	5	4	5
Elderly	584	1	4	2	4	2	5
Families with Disabilities	3	5	5	3	5	1	5
White	1624	2	2	5	4	4	5
Black	555	2	2	5	4	4	5
Other	22	4	5	5	4	5	5

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

Consolidated Plan of the Jurisdiction/s
Indicate year:
U.S. Census data: the Comprehensive Housing Affordability Strategy
("CHAS") dataset
American Housing Survey data
Indicate year:
Other housing market study
Indicate year:
Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)  Section 8 tenant-based assistance			
Public Housing			
	ion 8 and Public Hous	sino	
		isdictional waiting list (	(ontional)
	y which development	•	(optionar)
ii usea, iaentii	# of families	% of total families	Annual Turnover
	01 1	, 0 01 00001 100111100	
Waiting list total	75		100%
Extremely low	70	93%	
income <=30% AMI			
Very low income	5	7%	
(>30% but <=50%			
AMI)			
Low income	0	0%	
(>50% but <80%			
AMI)			
Families with	44	59%	
children			
Elderly families	3	4%	
Families with	6	8%	
Disabilities			
Caucasian	33	44%	
African-American	34	45%	
Other	8	11%	
Race/ethnicity			
Characteristics by			
Bedroom Size			
(Public Housing			
Only)		00/	1000/
1BR	6	8%	100%
2 BR	49	65%	100%
3 BR	18	24%	100%
4 BR	2	3%	0
5 BR	0	0	0
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? No Yes			
If yes:	it been closed (# sf	antha)?	
9	it been closed (# of me		r? ☐ No ☐ Yes
Does the PHA expect to reopen the list in the PHA Plan year? No Yes  Does the PHA permit specific categories of families onto the waiting list, even if			
generally close		ories of families onto th	c waiting not, even if
generally close	<u> 1.0 1.03</u>		

Housing Needs of Families on the Waiting List				
Waiting list type: (sele	ect one)			
Section 8 tenan	Section 8 tenant-based assistance			
Public Housing	Public Housing			
Combined Sect	ion 8 and Public Hous	ing		
Public Housing	Site-Based or sub-jur	isdictional waiting list (	(optional)	
If used, identif	y which development/	sub-jurisdiction:		
	# of families	% of total families	Annual Turnover	
Waiting list total	64		100%	
Extremely low	55	86%		
income <=30% AMI				
Very low income	8	13%		
(>30% but <=50%				
AMI)				
Low income	1	1%		
(>50% but <80%				
AMI)				
Families with	54	84%		
children				
Elderly families	1	1%		
Families with	9	14%		
Disabilities				
Caucasian	32	50%		
African-American	32	50%		
Hispanic	0	0		
Asian	0	0		
			1	
Characteristics by				
Bedroom Size				
(Public Housing				
Only)	77/4	77//	27/4	
1BR	N/A	N/A	N/A	
2 BR	N/A	N/A	N/A	
3 BR	N/A	N/A	N/A	
4 BR	N/A	N/A '	N/A	
5 BR	N/A	N/A	N/A	
5+ BR	N/A	N/A	N/A	
	sed (select one)? 🛛 N	No Yes		
If yes:	. 1 1 1 1 1 0	1. \0		
How long has it been closed (# of months)?				
Does the PHA expect to reopen the list in the PHA Plan year? \( \subseteq \) No \( \subseteq \) Yes  Does the PHA permit specific categories of families onto the waiting list, even if				
		ories of families onto th	e waning list, even if	
generally closed?				

#### C. Strategy for Addressing Needs

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

### (1) Strategies

Select all that apply

Need: Shortage of affordable housing for all eligible populations

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

 $\boxtimes$ Employ effective maintenance and management policies to minimize the number of public housing units off-line Reduce turnover time for vacated public housing units Reduce time to renovate public housing units Seek replacement of public housing units lost to the inventory through mixed finance development Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources  $\boxtimes$ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction  $\boxtimes$ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required  $\boxtimes$ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration  $\boxtimes$ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program  $\boxtimes$ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies Other (list below)

Strategy 2: Increase the number of affordable housing units by:			
Select al	ll that apply		
	Apply for additional section 8 units should they become available Leverage affordable housing resources in the community through the creation of mixed - finance housing Added Pursue housing resources other than public housing or Section 8 tenant-based assistance. Other: (list below) Working with a non-profit corporation, the PHA plans to utilize approximately 50 vouchers under the Section 8 Project Based Certificate/Voucher program to a tax credit development (pending application approval) to help ensure affordability. (added)		
	ajjoraabiniy. (aaaea)		
Need:	Specific Family Types: Families at or below 30% of median		
Strates	gy 1: Target available assistance to families at or below 30 % of AMI		
	ll that apply		
	Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing		
	Exceed HUD federal targeting requirements for families at or below 30% of		
	AMI in tenant-based section 8 assistance		
	Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below)		
Need:	Specific Family Types: Families at or below 50% of median		
	gy 1: Target available assistance to families at or below 50% of AMI l that apply		
$\boxtimes$	Employ admissions preferences aimed at families who are working		
	Adopt rent policies to support and encourage work Other: (list below)		
Need:	Specific Family Types: The Elderly		
Strategy 1: Target available assistance to the elderly:			
Select all that apply			
	Seek designation of public housing for the elderly  Apply for special purpose youghers targeted to the elderly, should they become		
	Apply for special-purpose vouchers targeted to the elderly, should they become available		
	Other: (list below)		

#### **Need: Specific Family Types: Families with Disabilities**

## **Strategy 1: Target available assistance to Families with Disabilities:** Select all that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing $\boxtimes$ Apply for special-purpose vouchers targeted to families with disabilities, should they become available $\boxtimes$ Affirmatively market to local non-profit agencies that assist families with disabilities added Other: (list below) Need: Specific Family Types: Races or ethnicities with disproportionate housing needs Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs: Not applicable Select if applicable Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below) Strategy 2: Conduct activities to affirmatively further fair housing Select all that apply $\boxtimes$ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units $\boxtimes$ Market the section 8 program to owners outside of areas of poverty /minority concentrations Other: (list below) Other Housing Needs & Strategies: (list needs and strategies below) (2) Reasons for Selecting Strategies Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue: Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community $\boxtimes$ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA $\boxtimes$ Influence of the housing market on PHA programs

Community priorities regarding housing assistance Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Board Results of consultation with advocacy groups Other: (list below)

# 2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses			
Sources Planned \$ Planned Uses			
1. Federal Grants (FY 2003 grants)			
a) Public Housing Operating Fund	1,111,041.00		
b) Public Housing Capital Fund(based on 2002)	483,730.00		
c) HOPE VI Revitalization	-		
d) HOPE VI Demolition			
e) Annual Contributions for Section 8 Tenant- Based Assistance	1,963,540.00		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)			
g) Resident Opportunity and Self-sufficiency Grants			
h) Community Development Block Grant			
i) HOME			
Other Federal Grants (list below)			
PHA owned property – W. Hickory	120,000.00		
2. Prior Year Federal Grants (unobligated funds only) (list below)			
Sub-total	3,678,311.00		
3. Public Housing Dwelling Rental Income	467,000.00	Public housing operations	
<b>4. Other income</b> (list below)	120,000.00	Public housing operations	
Interest on General Funds investments;			
Other income: Legal fees, maintenance charges to			
Tenants, late fees, NSF check charges, etc \$53,000			
Excess Utilities - \$67,000			
5. Non-federal sources (list below)			
Sub-total 587,000.00			
Total resources	\$4,265,311.00		

# 3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.7 9 (c)]

## A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent

(1) Eligibility	
that apply)  When families a number)  When families a Other: (describe	verify eligibility for admission to public housing? (select all are within a certain number of being offered a unit: (state are within a certain time of being offered a unit: (state time) a): When application is submitted and information is re-verified been reached on waiting list.
admission to public l	screening) factors does the PHA use to establish eligibility for housing (select all that apply)?  g-related activity  Credit Check
d. Yes No:	Does the PHA request criminal records from local law enforcement agencies for screening purposes?  Does the PHA request criminal records from State law enforcement agencies for screening purposes?  Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
(2)Waiting List Organ	nization_
a. Which methods does  (select all that apply)  Community-wid  Sub-jurisdiction  Site-based waiti  Other (describe)	le list al lists ng lists
PHA main admi	ed persons apply for admission to public housing? inistrative office ent site management office w)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) <b>Assignment</b> The PHA does not operate site-based waiting lists
1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously If yes, how many lists?
<ul> <li>4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?</li> <li>PHA main administrative office</li> <li>All PHA development management offices</li> <li>Management offices at developments with site-based waiting lists</li> <li>At the development to which they would like to apply</li> <li>Other (list below)</li> </ul>
(3) Assignment
<ul> <li>a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)</li> <li>One</li> <li>Two</li> <li>Three or More Changed</li> </ul>
Three of Work Changed
b. X Yes No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA: $n/a$
(4) Admissions Preferences
<ul> <li>a. Income targeting:</li> <li>☐ Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?</li> </ul>

b. Transfer policies:			
In what circumstances will transfers take precedence over new admissions? (list			
below)  Emergencies  Over-housed  Under-housed  Medical justification  Administrative reasons determined by the PHA (e.g., to permit modernization work)  Resident choice: (state circumstances below)  Other: (list below)			
1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)			
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)			
Former Federal preferences: none  Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)			
Other preferences: (select below)  Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)			
3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.			

# 2 Date and Time Former Federal preferences: none Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden Other preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) 4. Relationship of preferences to income targeting requirements: The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income-targeting requirements (5) Occupancy a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

abbi	at the rules of occupancy of public housing (select all that apply)
$\boxtimes$	The PHA-resident lease
$\boxtimes$	The PHA's Admissions and (Continued) Occupancy policy
	PHA briefing seminars or written materials
	Other source (list)
(sele	often must residents notify the PHA of changes in family composition? ect all that apply)  At an annual reexamination and lease renewal
$\boxtimes$	Any time family composition changes
	At family request for revision
	Other (list)

# (6) Deconcentration and Income Mixing a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing? b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing? changed c. If the answer to b was yes, what changes were adopted? (select all that apply) N/A Adoption of site-based waiting lists If selected, list targeted developments below: Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below: Employing new admission preferences at targeted developments If selected, list targeted developments below: Other (list policies and developments targeted below) d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing? e. If the answer to d was yes, how would you describe these changes? (select all that apply) N/A Additional affirmative marketing Actions to improve the marketability of certain developments Adoption or adjustment of ceiling rents for certain developments Adoption of rent incentives to encourage deconcentration of poverty and income-mixing Other (list below) f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts XList (any applicable) developments below: NC056-01

NC056-02

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)  Not applicable: results of analysis did not indicate a need for such efforts  List (any applicable) developments below:			
<b>B. Section 8</b> Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.			
Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).			
(1) Eligibility			
<ul> <li>a. What is the extent of screening conducted by the PHA? (select all that apply)</li> <li>Criminal or drug-related activity only to the extent required by law or regulation</li> </ul>			
Criminal and drug-related activity, more extensively than required by law or			
regulation  More general screening than criminal and drug-related activity (list factors below)			
Other (list below)			
b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?			
c. No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?			
d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)			
<ul> <li>e. Indicate what kinds of information you share with prospective landlords? (select all that apply)</li> <li>Criminal or drug-related activity</li> <li>Other (describe below)</li> <li>Participant last known mailing address</li> <li>Landlords name and mailing address</li> </ul>			

## a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply) None Federal public housing Federal moderate rehabilitation Federal project-based certificate program Other federal or local program (list below) b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply) PHA main administrative office Other (list below) (3) Search Time a. X Yes No: Does the PHA give extensions on standard 60-day period to search for a unit? If yes, state circumstances below: • Special situations beyond applicant control • Any just cause if supported by documentation and verifiable (4) Admissions Preferences a. Income targeting Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income? b. Preferences 1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to sub-component (5) Special purpose section 8 assistance programs) 2. Which of the following admission preferences does the PHA plan to employ in the

(2) Waiting List Organization

preferences)

coming year? (select all that apply from either former Federal preferences or other

For	me	r Federal preferences <i>none</i>
		Involuntary Displacement (Disaster, Government Action, Action of Housing
_		Owner, Inaccessibility, Property Disposition)
Ц		Victims of domestic violence
		Substandard housing
Ш		Homelessness
		High rent burden (rent is $> 50$ percent of income)
Oth	ner j	preferences (select all that apply)
$\boxtimes$		Working families and those unable to work because of age or disability
		Veterans and veterans' families
$\sqcap$		Residents who live and/or work in your jurisdiction
$\Box$		Those enrolled currently in educational, training, or upward mobility programs
$\overline{\boxtimes}$		Households that contribute to meeting income goals (broad range of incomes)
$\overline{\boxtimes}$		Households that contribute to meeting income requirements (targeting)
П		Those previously enrolled in educational, training, or upward mobility
		programs
		Victims of reprisals or hate crimes
П		Other preference(s) (list below)
2.	in to sent (eith num	the PHA will employ admissions preferences, please prioritize by placing a "1" the space that represents your first priority, a "2" in the box representing yout ad priority, and so on. If you give equal weight to one or more of these choices ther through an absolute hierarchy or through a point system), place the same mber next to each. That means you can use "1" more than once, "2" more than oce, etc.
	2	Date and Time
	Fo	rmal Federal preferences <i>none</i>
		Involuntary Displacement (Disaster, Government Action, Action of Housing Owner,
		Inaccessibility, Property Disposition)
		Victims of domestic violence
		Substandard housing
		Homelessness
		High rent burden
0.1		
	-	preferences (select all that apply)
	ı	Working families and those unable to work because of age or disability
H		Veterans and veterans' families
Ш		Residents who live and/or work in your jurisdiction
	1	Those enrolled currently in educational, training, or upward mobility programs
	1 1	Households that contribute to meeting income goals (broad range of incomes)
Ä	1	Households that contribute to meeting income requirements (targeting)
Ш		Those previously enrolled in educational, training, or upward mobility programs

	Victims of reprisals or hate crimes Other preference(s) (list below)
	and applicants on the waiting list with equal preference status, how are plicants selected? (select one)  Date and time of application  Drawing (lottery) or other random choice technique
	ne PHA plans to employ preferences for "residents who live and/or work in the sdiction" (select one)  This preference has previously been reviewed and approved by HUD  The PHA requests approval for this preference through this PHA Plan
6. Rel	ationship of preferences to income targeting requirements: (select one)  The PHA applies preferences within income tiers  Not applicable: the pool of applicant families ensures that the PHA will meet income-targeting requirements
(5) S <sub>1</sub>	pecial Purpose Section 8 Assistance Programs
elig	which documents or other reference materials are the policies governing ibility, selection, and admissions to any special-purpose section 8 program ministered by the PHA contained? (select all that apply)  The Section 8 Administrative Plan Briefing sessions and written materials  Other (list below)
	ow does the PHA announce the availability of any special-purpose section 8 ograms to the public?  Through published notices  Other (list below)

# 4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A	۱.	P	u	bl	lio	: ]	H	0	us	sin	ıg

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

### (1) Income Based Rent Policies

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

a. Use	e of discretionary policies: (select one)
	The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))
or	-
$\boxtimes$	The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)
b. Mii	nimum Rent
1. Wha	at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
2. 🖂	Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?
3. If ye	es to question 2, list these policies below:  Verified medical hardship  Death of family member who was provider of family added
c. Re	ents set at less than 30% than adjusted income
1. 🗌	Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
•	res to above, list the amounts or percentages charged and the circumstances der which these will be used below:

a.	PHA plan to employ (select all that apply) $n/a$ For the earned income of a previously unemployed household member
	For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:
	Fixed percentage (other than general rent-setting policy)  If yes, state percentage/s and circumstances below:
	For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)
e. (	Ceiling rents
1.	Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
	Yes for all developments Yes but only for some developments No
2.	For which kinds of developments are ceiling rents in place? (select all that apply) $n/a$
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
3.	Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply) $n/a$ Market comparability study  Fair market rents (FMR)  95 <sup>th</sup> percentile rents
	75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)

f. Rent re-determinations:	
1. Between income reexaminations, how often must tenants report changes in in	come
or family composition to the PHA such that the changes result in an adjustment	ent to
rent? (select all that apply)	
Never	
At family option	
Any time the family experiences an income increase  Any time a family experiences an income increase above a threshold amount of the family experiences an income increase above a threshold amount of the family experiences.	
Any time a family experiences an income increase above a threshold amo	ount or
percentage: (if selected, specify threshold)	
Other (list below)	
g. Yes No: Does the PHA plan to implement individual savings accoun	
residents (ISAs) as an alternative to the required 12 mont	
disallowance of earned income and phasing in of rent inc	reases
in the next year?	
(2) Flat Rents	
1. In setting the market-based flat rents, what sources of information did the PH	IA use
to establish comparability? (select all that apply.)	
The section 8 rent reasonableness study of comparable housing	
Survey of rents listed in local newspaper	
Survey of similar unassisted units in the neighborhood	
Other (list/describe below)	
<b>B. Section 8 Tenant-Based Assistance</b> Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. <b>Unless otherwise specified, all questions in this section apply or</b>	nly to
the tenant-based section 8 assistance program (vouchers, and until completely merged into	
voucher program, certificates).	
(1) Payment Standards	
Describe the voucher payment standards and policies.	
a. What is the PHA's payment standard? (select the category that best describes	your
standard)	
At or above 90% but below100% of FMR	
100% of FMR	
Above 100% but at or below 110% of FMR	
Above 110% of FMR (if HUD approved; describe circumstances below)	
changed	
b. If the payment standard is lower than FMR, why has the PHA selected this	
standard? (select all that apply) $n/a$	<b>,</b> 'c
FMRs are adequate to ensure success among assisted families in the PHA segment of the FMR area	7.9
	nt.
The PHA has chosen to serve additional families by lowering the paymer standard	IL
Reflects market or sub-market	

	Other (list below)
	he payment standard is higher than FMR, why has the PHA chosen this level? ect all that apply)  FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area  Reflects market or sub-market  To increase housing options for families  Other (list below)
d. Ho ⊠ □	ow often are payment standards reevaluated for adequacy? (select one) Annually Other (list below)
	nat factors will the PHA consider in its assessment of the adequacy of its payment indard? (select all that apply)  Success rates of assisted families  Rent burdens of assisted families  Other (list below)  • To increase lease-up
(2) Mi	inimum Rent
a. Wh	at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50
b. 🗌	Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

# 5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

# A. PHA Management Structure

Describe	e the PHA's management structure and organization.
(select	one)
$\boxtimes$	An organization chart showing the PHA's management structure and
	organization is attached. nc056e03
	A brief description of the management structure and organization of the PHA
	follows:

## **B. HUD Programs Under PHA Management**

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

Program Name	Units or Families	Expected
	Served at Year	Turnover
	Beginning	
Public Housing	220	10%
Section 8 Vouchers	420	2.5%
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	0	0
Special Purpose Section		
8 Certificates/Vouchers		
(list individually)	N/A	N/A
Public Housing Drug		
Elimination Program		
(PHDEP)		
Other Federal	N/A	N/A
Programs(list		
individually)		

#### C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Management: (list below)
  - Work Order System
  - ② Pest Eradication Policy
  - (2) Maintenance Plan
  - Uniform Inspection System
  - ② Admissions and Occupancy Policy
  - ② Fair Housing Policy
  - ② Grievance Procedures
  - ② Tenant Selection and Assignment Plan
  - **(4)** *Handicapped Policy*
  - **②** *Termination and Eviction*
  - ② Transfer and Transfer Waiting List
  - ② Resident Initiative
  - ② Section 3 Plan
  - ② Pet Policy for Families
  - ② Pet Policy for Elderly
  - ② Procurement Policy
  - ② Personnel Policy
- (2) Section 8 Management: (list below)
  - ② Section 8 Administrative Plan
  - ② SEMAP Procedures
  - ② Section 8 Homeownership Plan
  - ② Family Self-Sufficiency Program

## 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing 1. Yes No:	Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?
If yes, list add	litions to federal requirements below: n/a
initiate the PHA g  PHA main ad	e should residents or applicants to public housing contact to grievance process? (select all that apply) ministrative office ment management offices ow)
B. Section 8 Tenant	-Based Assistance
1. Yes No:	Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?
If yes, list add	litions to federal requirements below: n/a
	e should applicants or assisted families contact to initiate the and informal hearing processes? (select all that apply)
	ministrative office
Other (list bel	

## 7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

### A. Capital Fund Activities

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

## (1) Capital Fund Program Annual Statement

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

Select	one:
	The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) $nc056b01$
-or-	
	The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)
(2) O <sub>I</sub>	otional 5-Year Action Plan
can be c	s are encouraged to include a 5-Year Action Plan covering capital work items. This statement ompleted by using the 5 Year Action Plan table provided in the table library at the end of the an template <b>OR</b> by completing and attaching a properly updated HUD-52834.
a. 🔀 Y	Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
b. If y	es to question a, select one:
	The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) $nc056c01$
-or-	
	The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5-Year Action Plan from the Table Library and insert here)

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

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.
Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary) b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)
<ol> <li>Development (project) number:</li> <li>Development (project) number:</li> <li>Status of grant: (select the statement that best describes the current status)         <ul> <li>Revitalization Plan under development</li> <li>Revitalization Plan submitted, pending approval</li> <li>Revitalization Plan approved</li> <li>Activities pursuant to an approved Revitalization Plan underway</li> </ul> </li> </ol>
☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  If yes, list development name/s below:
Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  If yes, list developments or activities below:
Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  If yes, list developments or activities below:

#### 8. Demolition and Disposition [24 CFR Part 903.7 9 (h)] Applicability of component 8: Section 8 only PHAs are not required to complete this section. 1. $\square$ Yes $\bowtie$ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.) 2. Activity Description | Yes | No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.) **Demolition/Disposition Activity Description** 1a. Development name: 1b. Development (project) number: 2. Activity type: Demolition Disposition 3. Application status (select one) Approved Submitted, pending approval Planned application 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) 5. Number of units affected: 6. Coverage of action (select one)

Part of the development
Total development

Timeline for activity:

a. Actual or projected start date of activity:

b. Projected end date of activity:

#### 9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with **Disabilities** [24 CFR Part 903.7 9 (i)] Exemptions from Component 9; Section 8 only PHAs are not required to complete this section. 1. $\square$ Yes $\bowtie$ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.) 2. Activity Description Yes No: Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below. **Designation of Public Housing Activity Description** 1a. Development name: 1b. Development (project) number: 2. Designation type: Occupancy by only the elderly Occupancy by families with disabilities Occupancy by only elderly families and families with disabilities 3. Application status (select one) Approved; included in the PHA's Designation Plan Submitted, pending approval Planned application 4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY) 5. If approved, will this designation constitute a (select one) New Designation Plan Revision of a previously-approved Designation Plan? 6. Number of units affected:

7. Coverage of action (select one)Part of the developmentTotal development

#### 10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act				
1. ☐ Yes ⊠ No:	Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)			
2. Activity Descript	ion			
Yes No:	Has the PHA provided all required activity description information for this component in the <b>optional</b> Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.			
Cor	nversion of Public Housing Activity Description			
1a. Development na				
1b. Development (pr	oject) number:			
Assessm Assessm Assessm questio	of the required assessment? ent underway ent results submitted to HUD ent results approved by HUD (if marked, proceed to next n) explain below)			
3. Yes No: block 5.)	Is a Conversion Plan required? (If yes, go to block 4; if no, go to			
status) Conversi Conversi Conversi	sion Plan (select the statement that best describes the current ion Plan in development ion Plan submitted to HUD on: (DD/MM/YYYY) ion Plan approved by HUD on: (DD/MM/YYYY) ant to HUD-approved Conversion Plan underway			
5. Description of ho	w requirements of Section 202 are being satisfied by means other			
than conversion (sel	- · · · · · · · · · · · · · · · · · · ·			
	dressed in a pending or approved demolition application (date submitted or approved:			
Units ad	dressed in a pending or approved HOPE VI demolition application (date submitted or approved: )			

Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )
Requirements no longer applicable: vacancy rates are less than 10 percent Requirements no longer applicable: site now has less than 300 units  Other: (describe below)
B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937
Voluntary Conversion Required Initial Assessment - nc056g01
C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of

### 11. Homeownership Programs Administered by the PHA [24 CFR Part 903.7 9 (k)]

<b>A. Public Housing</b> Exemptions from Component	nent 11A: Section 8 only PHAs are not required to complete 11A.
1. ☐ Yes ⊠ No:	Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to <b>small PHA</b> or <b>high performing PHA</b> status. PHAs completing streamlined submissions may skip to component 11B.)
2. Activity Description ☐ Yes ☐ No:	Has the PHA provided all required activity description information for this component in the <b>optional</b> Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)
	ic Housing Homeownership Activity Description  Complete one for each development affected)
1a. Development nam	ne:
1b. Development (pro	-
2. Federal Program au HOPE I 5(h) Turnkey I Section 32	
3. Application status:	
Submitted	; included in the PHA's Homeownership Plan/Program I, pending approval pplication
4. Date Homeowners (DD/MM/YYYY)	hip Plan/Program approved, submitted, or planned for submission:
5. Number of units a	iffected:
6. Coverage of actio	n: (select one)
Part of the develo	nnment
Total developmen	•

### **B. Section 8 Tenant Based Assistance** 1. Xes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy

	PHA is eligible to complete a streamlined submission due to high performer status. <b>High performing PHA's</b> may skip to component 12.)
2. Program Descripti	on:
. Size of Program  Yes No: Wil	Il the PHA limit the number of families participating in the section 8 homeownership option?
number of par 25 or f 26 - 50 51 to 1	to the question above was yes, which statement best describes the ticipants? (select one)  Tewer participants  O participants  100 participants  han 100 participants
its cr	eligibility criteria I the PHA's program have eligibility criteria for participation in s Section 8 Homeownership Option program in addition to HUD riteria? Tyes, list criteria below:

#### 12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

#### A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agr  ☐ Yes ☐ No: Ha	reements: as the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?
	If yes, what was the date that agreement was signed? <u>02/07/98</u>
apply)  Client refer  Information otherwise)  Coordinate programs to Jointly adm Partner to a	the provision of specific social and self-sufficiency services and o eligible families inister programs dminister a HUD Welfare-to-Work voucher program distration of other demonstration program
B. Services and p	orograms offered to residents and participants
Which, if an enhance the following a Pub Pub Sect Pref	ficiency Policies ny of the following discretionary policies will the PHA employ to e economic and social self-sufficiency of assisted families in the reas? (select all that apply) lic housing rent determination policies lic housing admissions policies tion 8 admissions policies ference in admission to section 8 for certain public housing families ferences for families working or engaging in training or education grams for non-housing programs operated or coordinated by the ference/eligibility for public housing homeownership option
part Pref	icipation Ference/eligibility for public nousing nomeownership option icipation ference/eligibility for section 8 homeownership option participation for policies (list below)
b. Econom	ic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Morning Home  - single parent with children 5 years and under - Ridgecrest	10	Residents of PHA		PHA/Section 8
* After School Program - tutoring and study time - Ridgecrest & Terrace Hills	15	Residents of PHA		PHA/Section 8
Computer Labs - Ridgecrest - Terrace Hills	15 6	Residents of PHA		PHA/Section 8
** Teen Up  - for girls ages 9-14  - teaching self-worth, values, respect and self esteem  - Ridgecrest	6	Residents of PHA		PHA/Section 8
Scholarship Business Development	3			Public housing Public housing

\* Super Stars S.T.O.P. Program \* Steppin Up \* Girl Scouts 

#### (2) Family Self Sufficiency program/s

a. Participation Description

the U.S. Housing Act of 1937

1 1		
Fam	ily Self Sufficiency (FSS) Participa	
Program	Required Number of Participants (start of FY 2001 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	0	
Section 8	0	
require the step prograr	HA is not maintaining the mind by HUD, does the most receives the PHA plans to take to achin size?	nt FSS Action Plan address nieve at least the minimum
C. Welfare Benefit Reduction	ons	
Housing Act of 1937 (relat welfare program requiremed Adopting appropriate policies and train staff Informing residents of Actively notifying resire reexamination.  Establishing or pursuit agencies regarding the	ing to the treatment of income ents) by: (select all that apply) changes to the PHA's public has to carry out those policies new policy on admission and idents of new policy at times in a cooperative agreement with exchange of information and all for exchange of information of	changes resulting from ousing rent determination reexamination addition to admission and th all appropriate TANF coordination of services

The Housing Authority has a Community Service Plan and will implement upon HUD guidance. See Attachment nc05601.

D. Reserved for Community Service Requirement pursuant to section 12(c) of

#### 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

	scribe the need for measures to ensure the safety of public housing residents
(sel	lect all that apply)
	High incidence of violent and/or drug-related crime in some or all of the PHA's
	developments
	High incidence of violent and/or drug-related crime in the areas surrounding or
	adjacent to the PHA's developments
	Residents fearful for their safety and/or the safety of their children
	Observed lower-level crime, vandalism and/or graffiti
$\boxtimes$	People on waiting list unwilling to move into one or more developments due to
	perceived and/or actual levels of violent and/or drug-related crime
	Other (describe below)
	nat information or data did the PHA used to determine the need for PHA actions improve safety of residents (select all that apply).
$\boxtimes$	Safety and security survey of residents
	Analysis of crime statistics over time for crimes committed "in and around"
	public housing authority
	Analysis of cost trends over time for repair of vandalism and removal of graffiti
	Resident reports
	PHA employee reports
	Police reports
	Demonstrable, quantifiable success with previous or ongoing anticrime/anti
	drug programs
	Other (describe below)
	nich developments are most affected? (list below)
	rime and Drug Prevention activities the PHA has undertaken or plans to
un	dertake in the next PHA fiscal year
1 Lie	at the crime provention ectivities the DUA has undertaken or plans to undertaken
	st the crime prevention activities the PHA has undertaken or plans to undertake: t all that apply)
(Select	Contracting with outside and/or resident organizations for the provision of
	crime- and/or drug-prevention activities
	Crime Prevention Through Environmental Design
$\bowtie$	Activities targeted to at-risk youth, adults, or seniors
	Volunteer Resident Patrol/Block Watchers Program
	Other (describe below)
ш	Caller (describe below)

C. Coordination between PHA and the police 1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply) Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan Police provide crime data to housing authority staff for analysis and action Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) Police regularly testify in and otherwise support eviction cases Police regularly meet with the PHA management and residents Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services Other activities (list below) 2. Which developments are most affected? (list below) D. Additional information as required by PHDEP/PHDEP Plan (no longer required) PHAs eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan? No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Yes Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: 14. RESERVED FOR PET POLICY [24 CFR Part 903.7 9 (n)] Pet Ownership Policy – attachment nc056h01 15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)] Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

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

16. Fiscal Audit	
[24 CFR Part 903.7 9 (p)]	
5(h)(2) (  (If no  2. Yes No: Was the  3. Yes No: Were the  4. Yes No: If the  If yes  5. Yes No: Have  HUD	HA required to have an audit conducted under section of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? o, skip to component 17.) most recent fiscal audit submitted to HUD? ere any findings as the result of that audit? re were any findings, do any remain unresolved? s, how many unresolved findings remain? N/A responses to any unresolved findings been submitted to o? N/A t, when are they due (state below)?
17. PHA Asset Manag [24 CFR Part 903.7 9 (q)]	<u>gement</u>
	Section 8 Only PHAs are not required to complete this component.
long-to includ capital	IA engaging in any activities that will contribute to the erm asset management of its public housing stock, ing how the Agency will plan for long-term operating, I investment, rehabilitation, modernization, disposition, and needs that have <b>not</b> been addressed elsewhere in this PHA
<ul> <li>2. What types of asset man apply)</li> <li>Not applicable</li> <li>Private management</li> <li>Development-based</li> <li>Comprehensive stoc</li> <li>Other: (list below)</li> </ul>	accounting
	PHA included descriptions of asset management activities optional Public Housing Asset Management Table?

### **18. Other Information** [24 CFR Part 903.7 9 (r)]

A. Ro	esident Advisory	Board Recommendations
1.		id the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If y		s are: (if comments were received, the PHA <b>MUST</b> select one) achment (File name) $nc056q01$
3. In	Considered con necessary.	the PHA address those comments? (select all that apply) $n/a$ nments, but determined that no changes to the PHA Plan were ged portions of the PHA Plan in response to comments low:
	Other: (list belo	ow)
B. De	escription of Ele	ction process for Residents on the PHA Board
1.	Yes No:	Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.	Yes No:	Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.)
3. De	escription of Resid	dent Election Process n/a
a. Noi	Candidates wer Candidates cou	dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations ld be nominated by any adult recipient of PHA assistance n: Candidates registered with the PHA and requested a place on e)
b. Eli	Any head of ho Any adult recip	(select one) f PHA assistance usehold receiving PHA assistance ient of PHA assistance ber of a resident or assisted family organization

<ul> <li>c. Eligible voters: (select all that apply)</li> <li>All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)</li> <li>Representatives of all PHA resident and assisted family organizations</li> <li>Other (list)</li> </ul>
<b>C. Statement of Consistency with the Consolidated Plan</b> For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).
1. Consolidated Plan jurisdiction: (provide name here) <i>City of Hickory</i>
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
<ul> <li>☑ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.</li> <li>☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.</li> <li>☑ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.</li> <li>☑ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)</li> <li>• Preserve existing housing stock</li> </ul>
Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
Certified compliance with the City of Hickory Consolidated Plan. The City of Hickory, North Carolina has committed to the enhancement of the quality of life in our area by implementing programs to diversify economic development, improve community streets and public transportation, development of supportive housing, increase comprehensive planning, improve safety in neighborhoods, and construct more recreational facilities for youth and elderly.
D. Other Information Required by HUD
Use this section to provide any additional information requested by HUD.

#### **Attachments**



#### PHA Plan Table Library

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

Annual Statement See Attachment nc056b01
Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number	FFY of Grant Approval: (	(MM/YYYY)
±		

Original Annual Statement

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

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

#### See Attachment nc056b01

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

#### **Annual Statement**

#### **Capital Fund Program (CFP) Part III: Implementation Schedule**

See Attachment nc056b01

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

#### **Optional Table for 5-Year Action Plan for Capital Fund (Component 7)**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	Optional 5-Year Actio	on Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development		
Description of No Improvements	eeded Physical Improvements or M	Management		Estimated Cost	Planned Start Date (HA Fiscal Year)
	See attachment nc0566	e <b>01</b>			
Total estimated o	ost over next 5 years				

#### **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

	Public Housing Asset Management									
	opment ification									
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III Component 7a	Development Activities Component 7b	Demolition / disposition Component 8	Designated housing Component 9	Conversion  Component 10	Home- ownership Component 11a	Other (describe) Component 17		

Attachment: nc056a01

## DECONCENTRATION AND INCOME TARGETING POLICY FOR THE HOUSING AUTHORITY OF THE CITY OF HICKORY, NC

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DECONCENTRATION AND INCOME TARGETING POLICY

#### (of the Public Housing Admissions and Occupancy Policy)

Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic Deconcentration of public housing developments and (2) Income Targeting to assure that families in the "extremely low" income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. In order to implement these new requirements the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.

Therefore, the Housing Authority of the City of Hickory (PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:

#### A. Economic Deconcentration:

Admission and Occupancy policies are revised to include the PHA's policy of promoting economic deconcentration. Implementation of this program will require the PHA to determine the median income of residents in each development, determine the average income of residents in all developments, compute the Established Income Range (EIR), determine developments outside the EIR, and provide adequate explanations and/or policies as needed to promote economic deconcentration.

Implementation may include one or more of the following options:

- Skipping families on the waiting list based on income;
- Establishing preferences for working families;
- Establish preferences for families in job training programs;
- Establish preferences for families in education or training programs;
- Marketing campaign geared toward targeting income groups for specific developments;
- Additional supportive services;
- Additional amenities for all units;
- Flat rents for developments and unit sizes;
- Different tenant rent percentages per development;
- Different tenant rent percentages per bedroom size;
- Saturday and evening office hours;
- Security Deposit waivers;
- Revised transfer policies;

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- Site-based waiting lists;
- Mass Media advertising/Public service announcements; and
- Giveaways.

#### B. Income Targeting

As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. Depending on the availability of applicants with proper demographics, at a minimum, 40% of all new admissions to public housing **on an annual basis** may be families with incomes at or below thirty percent (30%) (extremely low-income) of the area median income. The offer of assistance will be made without discrimination because of race, color, religion, sex, national origin, age, handicap or familial status.

In order to implement the income targeting program, the following policy is adopted:

- The PHA may select, based on date and time of application and preferences, two (2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).
- After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2 plus 2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- To the maximum extent possible, the offers will also be made to effect the PHA's policy of economic deconcentration.
- The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs)

#### CAPITAL FUND PROGRAM TABLES START HERE

#### Attachment nc056b01

#### Annual Statement /Performance and Evaluation Report Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary PHA Name: **Grant Type and Number:** Federal FY of Grant: **Hickory Public Housing Authority** NC19P05650103 2003 Capital Fund Program No: Replacement Housing Factor Grant No: Original Annual Statement Reserved for Disasters/Emergencies **Revised Annual Statement/Revision Number** Performance and Evaluation Report for Program Year Ending Final Performance and Evaluation Report for Program Year Ending **Total Actual Cost** Line **Summary by Development Account Total Estimated Cost** Obligated No. Original Revised Expended Total Non-Capital Funds 1 2 1406 Operating Expenses 41,424.00 3 91,000.00 1408 Management Improvements 4 48,373.00 1410 Administration 5 1411 Audit 1415 6 Liquidated Damages 7 39.000.00 1430 Fees and Costs 8 Site Acquisition 9 1450 Site Improvement 13,836.00 10 1460 **Dwelling Structures** 240,097.00 1465.1 Dwelling Equipment-Nonexpendable 5,000.00 11 12 1470 Nondwelling Structures 13 1475 Nondwelling Equipment 5,000.00 14 1485 Demolition 15 1490 Replacement Reserve 16 Moving to Work Demonstration 17 1495.1 Relocation Costs 18 **Development Activities** 19 1501 Collateralization or Debt Service 20 1502 Contingency 21 Amount of Annual Grant (sums of lines 2-20) \$483,730,00 22 Amount of line 21 Related to LBP Activities 23 Amount of Line 21 Related to Section 504 Compliance \$15,000.00 24 Amount of Line 21 Related to Security - Soft Costs 25 Amount of Line 21 Related to Security - Hard Costs 26 Amount of Line 21 Related to Energy Conservation Measures

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

IA Name: Grant Type and Number:								Federal FY of Grant:	
	Hickory Public Housing Authority	Capital Fund Pro	gram No:	ı	NC19PO56501	103		2003	
		Replacement Ho	ousing Factor Gran	nt No:					
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Estim	Total Estimated Cost Total Actual Cost		Status of Work		
Number	Categories								
Name/HA-Wide				Original	Revised	Funds	Funds		
Activities						Obligated	Expended		
HA-Wide									
	Operations:	1406		41,424.00					
	Management Improvements.								
	Management Improvements:	4.400		40,000,00					
	Executive Director - Salary	1408		12,000.00 4,000.00					
	Employee training Resident Services	1408 1408		60,000.00					
	Police patrol (1) x 15hr. wk x 52	1408		15,000.00					
	Total 1408	1400		91,000.00					
	10tal 1406			91,000.00					
	Administration:								
	Director of Technical Services - Salary	1410		48,373.00					
	Total 1410			48,373.00					
	Fees & Costs:								
	Hire Consultant for Needs Assessment	1430		4,000.00					
	A/E	1430		35,000.00					
	Total 1430			39,000.00					
HA-Wide	Site Improvements:	1450							
TIA-WIGE	HA Wide Site Improvements	1430	LS	13,836.00					
	•		LS						
	Total 1450			13,836.00					
HA Wide	Dwelling Structures:	1460							
	Replace porch posts		186 units	23,500.00					
	Replace Water Heaters		LS	2,500.00					
	Recycle units at turnover		LS	30,097.00					
	Subtotal 1460			56,097.00					

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

HA Name:		Grant Type and	Number:					Federal FY of Grant:	
	Hickory Public Housing Authority	Capital Fund Program No: NC19P05650103						2003	
	<b>3 3</b>	Replacement Housing Factor Grant No:							
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Estima	ated Cost	Total Actual Cost		Status of Work	
Number	Categories		,						
Name/HA-Wide				Original	Revised	Funds	Funds		
Activities						Obligated	Expended		
NC 56-1	Dwelling Structures:						·		
	Replace screen doors as needed	1460	LS	4,000.00					
	Replace Kitchen Cabinets		LS	70,000.00					
	Replace Floor Tile		LS	\$57,000.00					
	Subtotal			131,000.00					
NC 56-2	Replace screen doors as needed		LS	2,500.00					
	Replace Kitchen Cabinets		LS	30,000.00					
	Replace Floor Tile		LS	20,500.00					
	Subtotal			53,000.00					
	Total 1460			240,097.00					
HA Wide	Dwelling Equipment:	1465							
	Replace Stoves		LS	2,500.00					
	Replace Refrigerators		LS	2,500.00					
	Total 1465			5,000.00					
HA Wide	Non-Dwelling Equipment:	1475							
	Upgrade Computer Equipment			5,000.00					
	Total 1475			5,000.00					
				1					
				+					
	TOTAL GRANT FOR 2002			\$483,730.00					

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

PHA Name:				Grant Type and				Federal FY of Grant:
ı	HICKORY Publi	c Housing Au	tnority	Capital Fund Pr	ogram No:	at Na.	NC19P05650103	2003
_ , 1				Replacement H	lousing Factor Gran			
Development No.	All Funds Obligated			All Funds Expended			Reasons for Revised T	arget Dates
Name/HA-Wide		(Quarter Ending I	Date)		(Quarter Ending D	Date)		
Activities		1	ı		T			
	Original	Revised	Actual	Original	Revised	Actual		
HA-Wide	6/30/2005			6/30/2007				
NC 56-1	6/30/2005			6/30/2007				
NC 56-2	6/30/2005			6/30/2007				

### **Capital Fund Program Five-Year Action Plan Part I: Summary**

Attachment nc056c01

HA Name: Hickory Public Housing Authority				■ Original	Revision No
Development	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
Number/Name/HA- Wide	2003	FFY Grant: 2004 PHA FY: 2004	FFY Grant: 2005 PHA FY: 2005	FFY Grant: 2006 PHA FY: 2006	FFY Grant: 2007 PHA FY: 2007
HA Wide	Annual	252,297.00	254,706.00	251,673.00	251,673.00
NC 56-1A Sunny Valley	Statement	8,018.00	0.00	8,836.00	0.00
NC 56-1B Hillside Gardens		217,315.00	102,200.00	0.00	0.00
NC 56-1C Blue Ridge		0.00	126,824.00	181,146.00	0.00
NC 56-1D Terrace Hills		0.00	0.00	42,075.00	146,642.00
NC 56-2 Ridgecrest		6,100.00	0.00	0.00	85,415.00
Totals		\$483,730.00	\$483,730.00	\$483,730.00	\$483,730.00
Physical Improvements		285,433.00	273,024.00	276,057.00	276,057.00
Management Improvements		75,000.00	75,000.00	75,000.00	75,000.00
HA Wide Non-Dwelling Structures & Equipment		0.00	5,000.00	0.00	0.00
Administration		48,373.00	48,373.00	48,373.00	48,373.00
Other		33,500.00	39,000.00	39,000.00	39,000.00
Operations		41,424.00	43,333.00	45,300.00	45,300.00
CFP Funds Listed for		\$483,730.00	\$483,730.00	\$483,730.00	\$483,730.00
5-Year planning					
Replacement Housing					
Factor Funds					

Activities		Activities for Year: 2			Activities for Year: 2		
for		FFY Grant: 2004	FFY Grant: 2004				
Year 1	Davidania	PHA FY: 2004	Fatimated Coat	Davidania	PHA FY: 2004	Estimated Ocet	
2003	Development Name/Number		Estimated Cost	Development Name/Number		Estimated Cost	
See	HA-Wide	Operations:		NC 56-1	Site Improvements:		
	Tirk Wide	Total 1406	\$41,424.00	Sunny Valley	Site Improvements	8,018.00	
		Management Improvements:	¥ , . <u>_</u>	Hillside	Site Improvements	6,918.00	
		Executive Salary	12,000.00		Rework dumpster screen pads, benches,		
		Employee Training	3,000.00		loose siding, additional handrails at steps, clean		
Annual		Resident Services	60,000.00		out ditches, sidewalks, landscaping, remove		
			·		trees growing thru fence, misc. paint of columns		
		Total 1408	\$75,000.00		& doors, etc.		
		Administration:		NC 56-2	Site Improvements	6,100.00	
		Director of Technical Services		Ridgecrest	Total 1450	\$21,036.00	
Statement		Total 1410	\$48,373.00				
		Fees & Costs:			Dwelling Structures:		
		Consultant for Needs Assessment	4,000.00	Hillside	HVAC (48 units)	193,966.00	
		A/E	29,500.00		Smoke Detectors (48 units)	16,431.00	
		Total 1430	\$33,500.00		Total 1460	\$210,397.0	
		Dwelling Structures:					
		Exterior painting - general	10,000.00				
		Replace Water Heaters	2,500.00				
		Recycle units at turnover	30,000.00				
		Replace screen doors as needed	6,500.00				
		Total 1460	\$49,000.00				
		Dwelling Equipment:					
		Replace Stoves	2,500.00				
		Replace Refrigerators	2,500.00				
		Total 1465	\$5,000.00				
					TOTAL ESTIMATED CFP COST - 2004	\$483,730.00	

Activities		Activities for Year: 3			Activities for Year: 3	
for		FFY Grant: 2005			FFY Grant: 2005	
Year 1		PHA FY: 2005			PHA FY: 2005	
2003	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA-Wide	Operations:		NC 56-1	Dwelling Structures:	
		Total 1406	\$43,333.00		Complete HVAC (23 units)	95,000.00
		Management Improvements:	• •		Smoke Detectors (23 units)	7,200.00
		Executive Salary	12,000.00	Blue Ridge	Begin HVAC (26 units)	117,686.00
		Employee Training	3,000.00		Smoke Detectors (26 units)	9,138.00
Annual		Resident Services	60,000.00		Total 1460	\$229,024.00
		Total 1408	\$75,000.00			
		Administration:				
		Director of Technical Services				
Statement		Total 1410	\$48,373.00			
		Fees & Costs:				
		Consultant for Needs Assessment	4,000.00			
		A/E	35,000.00			
		Total 1430	\$39,000.00			
		Dwelling Structures:				
		Replace Water Heaters	2,500.00			
		Recycle Units at Turnover	30,000.00			
		Replace screen doors as needed	6,500.00			
		Total 1460	\$39,000.00			
		Dwelling Equipment:				
		Replace stoves and refrigerators	5,000.00			
		Total 1465	5,000.00			
		Non-Dwelling Equipment:				
		Upgrade Computer Equipment	5,000.00			
		Total 1475	\$5,000.00			
					TOTAL ESTIMATED CFP COST - 2005	\$483,730.00

Activities	Activities for Year: 4		Activities for Year: 4			
for	FFY Grant: 2006 PHA FY: 2006		FFY Grant: 2006			
Year 1			PHA FY: 2006			
2003	Development	· ·	Estimated Cost	Development	<b>I</b>	Estimated Cost
	Name/Number	j		Name/Number	Š	
See	HA-Wide	Operations:		NC 56-1	Site Improvements:	
		Total 1406	\$45,300.00	)	Repave parking	8,836.00
		Management Improvements:				
		Executive Salary	12,000.00		Total 1450	\$8,836.00
		Employee Training	3,000.00			
Annual		Resident Services	60,000.00			
		Total 1408	\$75,000.00	)	Dwelling Structures:	
		Administration:		Blue Ridge	Complete HVAC (42 units)	168,000.00
		Director of Technical Services	48,373.00		Smoke Detectors (42 units)	13,146.00
		Total 1410	\$48,373.00	Terrace Hills	Begin HVAC (10 units)	39,258.00
		Fees & Costs:			Smoke Detectors (10 units)	2,817.00
Statement		Consultant for Needs Assessment	4,000.00		Total 1460	\$223,221.00
		A/E	35,000.00			
		Total 1430	\$39,000.00	)		
		Dwelling Structures:				
		Replace water heaters	2,500.00			
		Recycle units at turnover	30,000.00			
		Replace screen doors	6,500.00			
		Total 1450	\$39,000.00	)		
		Dwelling Equipment:				
		Replace stoves and refrigerators	5,000.00			
		Total 1465	\$5,000.00			
					TOTAL ESTIMATED CFP COST - 2006	\$483,730.00

Activities	Activities for Year: 5		Activities for Year: 5			
for	FFY Grant: 2007		FFY Grant: 2007			
Year 1	PHA FY: 2007		PHA FY: 2007			
2003	Development Name/Number		Estimated Cost	Development Name/Number		Estimated Cost
See	HA-Wide	Operations:		NC 56-1	Dwelling Structures:	
		Total 1406	\$45,300.00		Complete HVAC (34 units)	136,000.00
		Management Improvements:			Smoke Detectors (34 units)	10,642.00
		Executive Salary	12,000.00		Subtotal NC 56-1	\$146,642.00
		Employee Training	3,000.00	NC 56-2	Begin HVAC (19 units)	78,868.00
Annual		Resident Services	60,000.00	Ridgecrest	Smoke Detectors (19 units)	6,547.00
		Total 1408	\$75,000.00		Subtotal NC 56-2	\$85,415.00
		Administration:			Total 1460	232,057.00
		Director of Technical Services	48,373.00			
		Total 1410	\$48,373.00			
		Fees & Costs:				
Statement		Consultant for Needs Assessment	4,000.00			
		A/E	35,000.00			
		Total 1430	\$39,000.00			
		Dwelling Structures:				
		Replace water heaters	2,500.00			
		Recycle units at turnover	30,000.00			
		Replace screen doors as needed	6,500.00			
		Total 1460	\$39,000.00			
		Dwelling Equipment:				
		Replace stoves and refrigerators	5,000.00			
		Total 1465	\$5,000.00			
					TOTAL ESTIMATED CFP COST - 2007	\$483,730.00

### Hickory Housing Authority Attachment: nc056d01

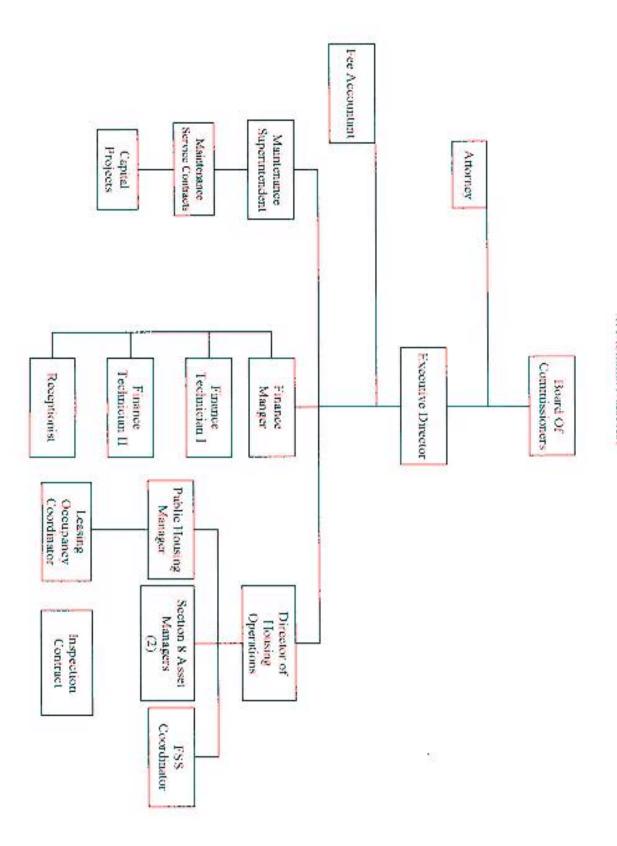
#### **Component 3, (6) Deconcentration and Income Mixing**

a. Xes 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:

Dec	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)]			
Terrace Hills	44		E			
Ridgecrest	89		E			

# ORGANIZATIONAL CHART ATTACHMENT ne056e01 HICKORY HOUSING AUTHORITY



### Housing Authority of the City of Hickory Attachment: tx056f01

#### B. Substantial Deviation from the 5-Year Plan

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal or objective.

#### B. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- Any change in a policy or procedure that requires a regulatory 30 day posting, such as changes in the Admission's policy, changes affecting rent or the organization of the Waiting List;
- Any change being submitted to HUD that requires a separate notification to residents, such as changes in the Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Public Housing Homeownership programs; and
- Any change in policy or operations that is inconsistent with the applicable Consolidated Plan.

#### Housing Authority of the City of Hickory \*\*Attachment: nc056g01\*\*

### Agency Plan Component 10 (B) Voluntary Conversion Initial Assessments

A. How many of the PHA's developments are subject to the Required Initial Assessments?

Four developments are subject to the required initial assessment:

Hillside Gardens Blue Ridge Heights Terrace Hills Ridgecrest

B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

One development is not subject to the Required Initial Assessment based on exemption — not general occupancy:

#### Sunny Valley

C. <u>How many Assessments were conducted for the PHA's covered developments?</u>

One assessment was conducted for the PHA covered developments addressing feasibility, marketing, operating cost, and modernization cost.

D. <u>Identify PHA developments that may be appropriate for conversion based</u> on the Required Initial Assessments:

None of the developments would be appropriate for conversion at this time because funding does not adequately permit at this time.

E. <u>If the PHA has not completed the Required Initial Assessment, describe</u> the status of these assessments.

Not applicable - required initial assessment completed.

### **HPHA Pet Policy**

Attachment: nc056h01

The Pet Policy set forth herein is reasonably related to the following legitimate interests of the Hickory Public Housing Authority (PHA), including but not limited to:

- (a) The PHA's interest in providing a decent, safe and sanitary living environment for existing and prospective Residents;
- (b) Protection and preserving the physical condition of the property of the PHA and the housing located thereon; and
- (c) The PHA's financial interests in the property administered by this Housing Authority.

Residents occupying units administered by the Hickory Public Housing Authority shall be allowed to house pets on either a temporary or permanent basis. In the case of a Resident with a handicap, the Resident must certify to the Housing Authority in writing, that he/she or a member of his/her family has a handicap the animal has been trained to assist persons with that specific handicap and the animal actually assists the individual with a handicap. The Applicant and any Resident must also provide certification from a licensed medical reference. Only after such certification has been received by this Housing Authority in writing, will a Resident be permitted to keep and maintain a pet. The rules set forth herein specify the procedure for obtaining the necessary approval to keep and maintain a pet on this Housing Authority premises and set forth the rules which govern the keeping of such pets. Residents requesting permission to have a pet will be permitted a limit of one (1) pet per household (Dwelling Unit).

### (1) SELECTION CRITERIA

a. <u>Management Approval</u>: Prior to a pet being accepted for keeping in a Dwelling Unit the Resident and the Authority must enter into a Pet Agreement.

In addition to executing the "Pet Agreement" the Resident must submit to this Housing Authority documented proof of the proposed pet's health, suitability and acceptability in accordance with provisions outlined in "Standards" below. Pets must be registered with this Housing Authority before the pet is brought onto the premises and annually thereafter.

### Registration includes:

- 1. Certificate signed by a licensed veterinarian or designated State or local authority or agent, stating that the pet has received all inoculations required by State or local law;
- 2. Statement signed by a licensed veterinarian that the animal is a good health, has no communicable diseases or pests, and in the case of dogs and cats, is spayed or neutered. Cats must be declawed;

- 3. Name, address, and phone number of one or more responsible parties to care for the pet if the owner dies, is incapacitated or unable to care for the pet;
- 4. Execution of a "Pet Agreement" stating that the Resident accepts complete responsibility for the care and cleaning of the pet and acknowledges the applicable rules;
- 5. Pet must be licensed in accordance with applicable State and local laws and regulations.

Registration will be coordinated with the annual reexamination date. Approval for the keeping of pets shall not be extended until the requirements specified above have been met and in no event will approval of other than the common household pets be extended.

- b. <u>Management Disapproval</u>: This Housing Authority shall refuse to register the pet if:
  - 1. The pet is not a common household pet identified more specifically in this policy'
  - 2. Pet owner fails to provide complete pet registration information or fails annually to update the registration;
  - 3. This Housing Authority reasonable determines based on the pet owner's habits and practices that the pet owner will be unable to keep the pet in compliance with pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other Dwelling Lease obligations.
- c. <u>Standards</u>: Common household pets as outlined below will be permitted under the following guidelines:

### 1. Dogs:

Maximum number – one (1);

Maximum adult weight – twenty (20) pounds, however, this may be increased to twenty-five (25) pounds in the case of the Resident already owning a dog weighing 20 to 25 pounds at time of move-in;

Must be housebroken;

Must be spayed or neutered;

Must have all required inoculations;

Must be licensed as specified now or in future by State and local ordinance.

### 2. <u>Cats:</u>

Maximum number – one (1);

Maximum adult weight – ten (10) pounds, however, this may be increased to fifteen (15) pounds in the case of Resident already owning a cat weighing between 10 and 15 pounds at time of move-in;

Must be declawed;

Must have all required inoculations;

Must be trained to use a liter box or other waste receptacle; Must be licensed as specified now or in the future by State and localordinance.

### 3. Birds:

Maximum number – two (2)
Must be enclosed in cage(s) at all times;
Must have certified from licensed veterinarian on a yearly basis that bird(s)
Is/are free of diseases.

### 4. Fish:

Maximum aquarium size – 20 gallons; Aquarium must be kept clean.

5. Rodents: (ONLY guinea pig, hamster, or gerbil)

Maximum number – four (4); Must be enclosed in cage(s) at all times; Cage(s) must be cleaned at least once weekly.

### (2) *Pet Deposit:*

- a. The Resident shall be required to pay to this Housing Authority a refundable deposit as defined below:
  - 1. Dog or Cat: A deposit of \$100.00 (in addition to the required security deposit) will be made for the purpose of defraying any/all costs directly attributable to the presence of a dog or cat.
  - 2. The deposit shall be paid in either a lump sum or an initial payment of \$50.00 on or prior to the date the pet is properly registered and brought into the Dwelling Unit, and the remaining \$50.00 on the immediate next rent payment date. Non compliance in payment of remaining \$50.00 will result in removal of pet and Resident

### b. All other allowable pets:

- 1. A deposit of \$50.00 shall be made for the purpose of defraying all reasonable costs directly attributable to the presence of the pet;
- 2. The deposit shall be paid in full on or prior to the date the pet is properly registered and brought into the Dwelling Unit.

The Housing Authority reserves the right to change or increase the required deposit by amendment to this policy.

- c. All reasonable expenses incurred by this Housing Authority as the result of damages directly attributable to the presence of the pet in the complex shall be the responsibility of the Resident.
  - 1. Cost of repairs and replacement to Resident's Dwelling Unit.
  - 2. Fumigation of Resident's Dwelling Unit. Such expense as a result of move out inspection shall be deducted from the Pet Deposit at move out and the Resident shall be billed for any balance due.
- d. The remainder of the Pet Deposit shall be refused after the Resident moves out or when the Resident no longer keeps the pet whichever is earlier;
- e. Resident's liability for damages caused by his/her pet is not the amount of the Pet Deposit; and while the Resident is in occupancy, he/she will be required to reimburse this Housing Authority for the total cost of any/all damages caused by his/her pet;
- f. In the event that a Resident shall fail to promptly pay this Housing Authority for the cost of any/all damages caused by his/her pet after being furnished with an itemized invoice of said damages, the Resident shall pay all cost(s) and expenses, including court cost and reasonable attorney(s) fees in the event legal action is necessary to collect said damages.

### (3) Pet Rules:

- a. Pets must be maintained <u>WITHIN</u> the Resident's Dwelling Unit. When outside the Dwelling Unit dogs and cats <u>MUST</u> be kept on a leash or carried, and under the control of the Resident or other responsible individual <u>AT ALL TIMES.</u>
- b. Dogs should be walked (always on a leash) and curbed away from the buildings, sidewalks, streets, and other common walking areas. Resident must carry a scoop and plastic bag when walking a pet and clean up after pet by placing waste in tied plastic bag and placing bag in Housing Authority trash container on the grounds of the complex. Under no circumstances will pet be allowed to go near the shrubbery and/or trees located on the property.
- c. Litter Box requirements for Cats: Litter from litter boxes shall be disposed of in sealed plastic trash bags and placed on side of street for pick up on normal trash pickup days. Litter shall be changed at least once weekly and waste will be cleaned from box daily. Litter shall NOT be disposed of by being flushed down the toilet. Charges for unclogging the toilet due to the improper disposal of pest waste shall be billed to the Resident. Litter boxes shall be kept INSIDE the Resident's Dwelling Unit at all times.

- d. Resident shall assume sole responsibility for liability arising from person sustained by any person attributable to his/her pet.
- e. Residents agrees to control the noise of his/her pet so that such noise does not constitute a nuisance to other Residents or interrupt their peaceful enjoyment of their Dwelling Units. Failure to control pet noise may result in the removal of the pet from the premises.
- f. Any pet that causes bodily injury to any Resident, guest staff member, or other authorized person on the premises, shall be <u>IMMEDIATELY AND PERMANENTLY</u> REMOVED FROM THE PREMISES WITHOUT PRIOR NOTIFICATION.
- g. Dogs shall never be left unattended in any unit for a period in excess of four (4) hours. Cats shall never be left unattended in any Dwelling Unit for a period in excess of twenty -four (24) hours.
- h. All Residents shall be responsible for adequate care, nutrition, exercise and medical attention of his/her pet. Any animal not being cared for properly will be removed by Management.
- i. Visiting pets, as well as pets of visitor/guests are strictly prohibited, with the exception of handicap assistance pets, which must also be certified permission of the Housing Authority.
- m. Residents are prohibited from feeding or harboring stray animals. The feeding of stray animals shall constitute having a pet without the written permission of this Housing Authority.
- n. The expense of disinfestations of fleas in the Resident's Dwelling Unit shall be the responsibility of the Resident.
- o. Resident shall not alter his/her Dwelling Unit, patio, or common areas to create an enclosure for his/her pet.

### Pet Agreement

1.	Resident:
2.	Dwelling Unit#: Complex Name:
3.	Date of Current Dwelling Lease:
4.	I s your pet needed for assistance due to handicap of you or a member of your
	household? () YES () NO
	If yes, describe handicap and attach statement from you r physician describing
	the handicap and how the proposed pet has been trained to assist with that
5.	specific handicap:  Description of Pet:
<i>J</i> .	Description of 1 et.
	Type of Pet:Breed:Color:
	Weight:Estimated weight & height at maturity:/
	· · · · · · · · · · · · · · · · · · ·
	Aquarium size (if applicable):,Type of fish (if applicable):
6.	Name and address of veterinarian:
	<del></del>
7	License number:
7.	If dog or cat date of neutering or spaying: If cat, date of
8.	declawing: Has your pet lived in rental housing before? ( ) YES ( ) NO If yes, name
0.	and phone number of landlord:
	and phone number of fandiord.
9.	Has your pet ever bitten or injured anyone? If so, describe the incident:
	application must be completed and returned when application is made for
	ng at this Housing Authority, along with two (2) affidavits of Pet Owner's
	gency Absence Agreement. Each must be signed and witnessed by two (2)
	te people who are willing to immediately care, and be responsible for, your pet
in the	event of your absence. The signatures must be notarized.
Δ Vet	erinarian's Certificate must also be completed by a veterinarian and returned
	his application.
***************************************	ins upproduction.
THIS	IS TO CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE
BEST	OF MY KNOWLEDGE AND I HAVE READ THE PET POLICY
CONT	TAINING RULES AND REGULATIONS AND FULLY UNDERSTAND
THIS	CONTRACT. I ACCEPT ALL FINANCIAL RESPONSIBILTY FOR MY
	INCLUDE IN THESE RULES AND REGULATIONS AND ANY/ALL
DAM	AGES/ INJURIES THAT MAY OCCUR BECAUSE OF MY PET.
DECI	DATE.
KESII	DENTS SIGNATURE:DATE:
APPR	OVED BY: DATE:
	(Housing Authority Representative)
	OVED BY :DATE:

C	· ·	d, becomes an attachment to the Dwelling and the Hickory Housing Authority.
Ι,		, certify that;
	the Hickory Housing	ion and understand the Provisions of the Per Authority and agree to comply fully with
my pet from the pre	emises, and/or terminat	ales may constitute cause for the removal of ion of my tenancy; and I accept complete the pet and my Dwelling Unit#
premises, for cause, l		sing Authority to remove my pet from the is removal and understand that failure to do n eviction proceeding.
	* '	or if the pet is removed from the unit, or if I y for approval of the new pet.
NAME OF RI	ESIDENT (print):	
ADDRESS (I	OWELLING UNIT #):	
COMPLEX N	JAME:	
SIGNATURE	AND DATE:	
THE ABOVE NAMI IN MY PRESENCE:	ED HAS READ, UNDI	ERSTOOD, AND SIGNED THESE RULES
WITNESS:	NAME:	
	ADDRESS:	
	SIGNATURE:	
	DATE:	
EXECUTIVE DI	RECTOR OR DESIGNI	EE:

Adopted by the Board of Commissioners of the Housing Authority of the City of
Hickory, North Carolina on
by Resolution Number

### **Housing Authority of the City of Hickory**

# Required Attachment nc056i01 Resident Member on the PHA Governing Board

1. 🛛 Y	∕es	Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)	
A. Nam	ne of resident	member(s) on the governing board: Walter Johnson	
B. How	B. How was the resident board member selected: (select one)? ☐Elected ☐Appointed		
	ard until ce	ntment is (include the date term expires): <b>Can be on</b> eases to be a resident. First appointed in	
	directly assisted to the distribution of the d	erning board does not have at least one member who is d by the PHA, why not? $n/a$ he PHA is located in a State that requires the members of a overning board to be salaried and serve on a full time basis he PHA has less than 300 public housing units, has provided easonable notice to the resident advisory board of the apportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain):	
B. Dat	te of next term	expiration of a governing board member: July, 2004	
C. Nam	ne and title of	appointing official(s) for governing board (indicate	

appointing official for the next position): Mayor Rudy Wright

### Required Attachment nc056j01 Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Kimberly Carrier Sunny Valley

Walter Johnson Sunny Valley

Lester Clark Ridgecrest

Cynthia Bunch Ridgecrest

Niya Mayfield Terrace Hills

Nancy Flood Terrace Hills

# Housing Authority of the City of Hickory PHA Plan Update for FYB 2003

Statement of Progress Attachment: nc056k01

The Housing Authority of has been successful in achieving its mission and goals in the year 2002. Goals are either completed or on target for completion by the end of the year.

HUD approved \$483,730.00 for capital funds (modernization) for 2002. The PHA has continued with the substantial renovation of family apartments. 90 apartments received new floor tile; 69 apartments were painted; 32 apartments received kitchen cabinets. Additionally, new stoves and refrigerators were added. The PHA also did extensive work in the area including landscape and erosion control, made sidewalk repairs in all Public Housing developments and installed hand rails and ramps.

Concerning self-sufficiency and crime and safety, Capital Funds permitted the PHA to continue its efforts to reduce crime in the communities through *on-site police programs,* and the hiring of off-duty police officers, adolescent and teen programs which included Girl Scouts, youth mentoring program, and computer labs at two housing developments. Funding was also provided for Resident Council activities.

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the adoption of a Section 8 Homeownership Program. During the fiscal year, 8 families were able to purchase home through the Housing Voucher Homeownership Program.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups, faith-based initiatives and medical facilities.

Attachment: nc056l01

### 1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Approve a plan for Community Service programs and will implement upon HUD guidance.

Adopt a plan for Family Self-Sufficiency

Adopt Section 8 Homeownership Program

Delete all references to ceiling rents

Add PHA-owned property (West Hickory) to financial resource estimate

Continue to revise and update Admissions and Occupancy policy

Amended Significant Amendment/Substantial Deviation

Plan to include a Section 8 Project Based Voucher program upon application approval

# Housing Authority of the City of Hickory Attachment nc056m01

# RESIDENT SATISFACTION IMPROVEMENT STRATEGY FOLLOW-UP PLAN

**SECTION II: Communication** 

AREA OF CONCERN: <u>Inability of Residents to Communicate With</u>
<u>Management Regarding Problems and Issues</u>

Clear communication of services, procedures, other neighborhood-related issues and activities is a critical component in the success of a development. This section measures the level of that communication in the area of events, activities, and programs available to residents, and the ability of residents to communicate with management regarding problems and issues. The following are action items that will be implemented for making improvements in this area:

### **ACTION ITEMS:**

### 1. Establish Communication Linkages

The Agency will immediately develop and implement a schedule of regular group meetings with Residents, Resident Advisory Board, or meet individually with residents to discuss resident concerns and perceptions on this issue. If situations which are identified as problems are improved, then it is believed that satisfaction with this service area should improve.

Funding Source (if required) to be utilized: <u>operating subsidy</u>

Task Start Date:1/03 _ Target Date of Completion:6/03
2. Resident-Oriented Service Training
The Agency will immediately schedule a series of training sessions and seminars which will
focus on Resident-Oriented Service Delivery by PHA Staff and Personnel. These workshops
will train PHA staff and personnel to effectively and politely communicate with residents.
Coursework may include role-playing exercises which demonstrate the appropriate manner in
which to interact with residents.

Funding Source (if required) to be utilized: <u>operating subsidy</u>

Task Start Date:1/03Target Date of Completion:6/03
Improve Internal Communications
The Agency will immediately schedule a series of training sessions and seminars which will focus on Resident-Oriented Service Delivery by PHA Staff and Personnel. These workshops will train PHA staff and personnel to effectively and politely communicate with residents Coursework may include role-playing exercises which demonstrate the appropriate manner in which to interact with residents.
Funding Source (if required) to be utilized: operating subsidy
Task Start Date: 1/03 Target Date of Completion: 3/1/03
3. Ensure Written Policies and Procedures
The Agency will immediately conduct a review of its written policies and procedures to determine if all applicable policies and procedures have been documented, where necessary the Agency will prepare the missing documents. The Agency will also ensure that residents have copies of them, that the residents have input and that they are in agreement with them Care will be taken to assure that the Agency management or staff does not dictate policies Finally, residents will be encouraged to participate, as much as possible, in policy development.
Funding Source (if required) to be utilized: <u>operating subsidy</u>
Task Start Date: 2/3 Target Date of Completion: 5/03
4. <u>Use Culturally Relevant Language</u>
The Agency will immediately seek to institute and implement a policy of using culturally appropriate and relevant language in which to communicate with residents.
The Agency will also begin to institute a practice of preparing its written materials including posters, signage, notices, bulletins, circulars, newsletters, and relevant reports in a language that is culturally appropriate for the majority of its residents that do not speak or understand English.
Funding Source (if required) to be utilized:
Task Start Date:4/03 _ Target Date of Completion:8/03

### 5. Institute A Common Point Of Reference For Notices

The Agency will immediately identify and institute an effective and easily accessible method of communicating with residents. Suggested methods will include, but will not be limited to the following: flyers/letters sent with the rent bill, flyers/letters placed in all mailboxes or a community bulletin board.

Funding Source (if required) to be utilized:
Task Start Date: 2/03 Target Date of Completion: 8/03
6. Encourage Resident Involvement
The Agency will immediately schedule a series of training sessions and seminars which will focus on Resident Involvement in Community Building. Suggested topics may include: Resident Leadership Training, Community Building, Volunteer Training, Entrepreneurship Training, etc. These workshops will be part of the Agency's plan to assist and encourage residents to be part of the solution, to join or develop committees/organizations to help improve the community.
Funding Source (if required) to be utilized: <u>operating subsidy</u>
Task Start Date: 2/03 Target Date of Completion: 9/03

### **SECTION III: Safety**

# AREA OF CONCERN: Failure of Agency To Convince Residents That It Is Making Efforts To Provide Safe Living Conditions

The goal of this section is to capture how safe residents feel and to assess if the housing agency is making efforts to provide safe living conditions. The following are action items that will be used to make improvements in this area.

### **ACTION ITEMS:**

### 1. Establish Communication Linkages

The Agency will immediately develop and implement a schedule of regular group meetings with Residents, Resident Advisory Board, or meet individually with residents to discuss resident concerns and perceptions on this issue. If situations which are identified as problems are improved, then it is believed that satisfaction with this service area should improve.

Funding Source	(if required) to be util	lized:
C	` ' '	

Task Start Date: 1/03 Target Date of Completion: monthly
2. Establish Working Relations With Police
The Agency will immediately establish a policy of establishing partnership relations with Police Departments in the community ( <u>done</u> ) so as to have a variety of cooperative arrangements and agreements. Some of these agreements will be, but are not be limited to the following activities:
<ul> <li>Units deprogrammed for use as police substations. (already have)</li> </ul>
<ul> <li>Periodic and regular (monthly) meetings between the local police agency and PHA management.</li> </ul>
<ul> <li>Provisions of access by the local police agency to vacant units in order to facilitate surveillance and pursuit.</li> </ul>
<ul> <li>Provision of community space for police/community meetings.</li> </ul>
<ul> <li>Police input into the development and implementation of drug elimination grants.</li> </ul>
<ul> <li>Police input into modernization planning.</li> </ul>
<ul> <li>Gun and drug sweeps.</li> </ul>
<ul> <li>Youth counseling.</li> </ul>
<ul> <li>Youth recreational activities.</li> </ul>
<ul> <li>Community policing.</li> </ul>
<ul> <li>Security surveys.</li> </ul>
Funding Source (if required) to be utilized: Capital funds
Task Start Date:1/03Target Date of Completion:5/03
3. All Crimes Reported
The Agency will immediately institute a policy of reporting all criminal activity to local police authorities. This policy will be put in place to establish a continuous line of communication between local police authorities and the Agency thereby creating a credible working relationship between both groups.
Funding Source (if required) to be utilized: ©2003 The Nelrod Company Fort Worth, Texas 76109

4. Ensure Policies and Procedures In Place For Tracking Crime
The Agency will immediately conduct a review of its written policies and procedures to ascertain that applicable policies and procedures are in place to track crime, where necessary the Agency will prepare the missing documents. The Agency will also ensure that these policies and procedures will be able to demonstrate that crime and crime-related problems are being traced by development.
Funding Source (if required) to be utilized:
Task Start Date: 1/03 Target Date of Completion: 5/03

Task Start Date: 1/03 Target Date of Completion: 5/03

### 5. Refine Resident Screening Processes

The Agency will immediately seek to institute and implement a po	licy of revamping and
upgrading a resident screening process which denies housing admission	ons to those individuals
who do not meet the legal criteria established by HUD or PHA board r	esolutions.

### 7. Check All Locks

The Agency will immediately begin a program of checking all locks and outside doors to assure that they are not in disrepair, and repair all locks that are damaged.

Funding Source (if required) to be utilized: Capital funds/operating

Start Date: 3/03 Target Date of Completion: 7/03

### 8. Provide More Recreational Areas

The Agency will immediately plan and implement a long-term program for seeking resources to, and using those monies for, building and/or maintaining neighborhood playgrounds and basketball courts. In addition the Agency will also create youth programs to discourage crime amongst that age group.

Funding Source (if required) to be utilized:
Task Start Date: 4/03 Target Date of Completion: 8/03
9. Teach Basic Resident Safety
The Agency will immediately seek to develop and implement a training program for residents on basic safety in the home and in the community. Topics to be presented will include, but not limited to: How Residents Can Better Protect Themselves, Their Families And Their Property and Working With Police Agencies To Create Safer Neighborhoods, etc.
Funding Source (if required) to be utilized:
Task Start Date:5/03Target Date of Completion:8/03
10. Provide Preventative Drug Related Services
The Agency will immediately develop and institute preventative drug related services such as Preventative Drug Education and Referral Sources For Drug Treatment Programs.
Funding Source (if required) to be utilized:
Task Start Date:5/03Target Date of Completion:7/03
11. Establish Working Relationships To Implement Grants
The Agency will immediately establish policies and procedures for working with resident councils or other formal resident groups in the implementation of drug elimination grants (24CFR 961.3) and other related programs.
Funding Source (if required) to be utilized:
Task Start Date: 5/03 Target Date of Completion: 8/03

### 12. Provide Home Ownership Opportunities To Residents

The Agency will immediately develop and institute a program to provide information, support and counseling to resident seeking to own their own homes. As part of this process,

the Agency will set up an on-going system to answer questions and inform residents about homeownership options which may include, but not be limited to, the following:

- Writing newsletter articles explaining the intricacies of HOPE VI and/or other homeownership programs, along with phone numbers for obtaining more information.
- Displaying posters and bulletin board presentations promoting homeownership.
- Providing counseling seminars for interested residents. Housing counseling referrals are provided by HUD via a toll free number, 1-800-569-4287.
- Developing financing arrangements with state and local housing finance agencies, private entities, etc.

Funding Source (if	required) to b	oe utilized:	
Task Start Date:	4/03	_Target Date of Completion: _	6/03

### **SECTION V: Neighborhood Appearances**

# AREA OF CONCERN: <u>Dissatisfaction With Upkeep In Different Areas</u> of the Development

A poorly maintained development can lead to a number of problems. The appearance of the housing development should be neat and orderly. Ideally, the development should compliment the community and there should not be a clear line that defines the borders of the development due to perpetual problems such as litter, broken glass, and vandalism. Residents are encouraged to be part of the solution. There is an established process in place for residents to report problems. Management responds in a timely and professional manner to appearance problems in the community. The following are action items that the Agency will undertake to make improvements in this area.

### **ACTION ITEMS:**

### 1. Establish Communication Linkages

The Agency will immediately develop and implement a schedule of regular group meetings with Residents, Resident Advisory Board, or meet individually with residents to discuss resident concerns and perceptions on this issue.

Funding Source (if required) to be utilized:
Task Start Date: Z/03 _ Target Date of Completion: 6/03
2. Ensure Policies & Procedures are in Place
The Agency will immediately begin a review of policy regarding abandoned buildings and vacancy to bring it up to date and evaluate its effectiveness. If found to be inadequate, the Agency will revise and improve its systems to address this issue more rigorously.
Funding Source (if required) to be utilized:
Task Start Date: 2/03 Target Date of Completion: 6/03

### 3. Be Proactive About Improving The Appearance of Neighborhood.

The Agency will immediately develop and implement a program for improving the overall appearance of the neighborhood. This program will include, but will not be limited to the following activities:

- Conducting an assessment (at least visually) of the community on a daily basis.

- Management and Executive Staff becoming personally involved in this assessment and not just relying on staff for input.
- Starting a neighborhood appearance council made up of residents. Awarding prizes or recognizing residents with the best kept yard, and recognizing that individual or family in a newsletter.

Funding Source (if require	ed) to be utilized:	Operations_
Task Start Date: 1/03	Target Date of Completion:	6/03

### **Housing Authority of the City of Hickory**

### Section 8 Homeownership Program Capacity Statement Attachment: nc056n01

The Housing Authority demonstrates its capacity to administer the Section 8 Homeownership program as the following policies are adopted:

- 1. A minimum down payment of 3% is required. At least 1% must come for the family's resources.
- 2. Financing for purchase of a home will be provided; insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

### Attachment nc056o01

## **ACTION PLAN**

# FOR THE HICKORY PUBLIC HOUSING AUTHORITY COMMUNITY SERVICES PROGRAM AND RESIDENT EMPOWERMENT AND SELF-SUFFICIENCY INITIATIVES

2003-2004

Alanda K. Richardson Executive Director

### **PROGRAM**

- I. Program Summary, Goals and Objectives
- II. Family Demographics
- III. Number of Residents Required to Participate
- IV. Program Incentives
- V. Outreach Efforts and Orientation
- VI. Program Requirements
- VII. Scope of Activities and Supportive Services
- VIII.Identification of Support Needs
- IX. Program Termination and Grievance Procedures
- X. Assurance and Non-Interference
- XI. Implementation Timetable
- XII. Certification of Coordination

### **Program Summary**

In compliance with the New Community Service and Self-Sufficiency Requirements for Public Housing, the Hickory Housing Authority has developed a plan of action to meet this mandate, and provide residents with employment, and training options to achieve, economic independence of governmental assistance, job skills and development and homeownership. The **Family Self-Sufficiency Coordinator** will implement the program. Youth workers (funded under PHDEP) will be hired to coordinate youth activities, and Residents Councils will provide appropriate assistance as needed.

The overall goal is to establish a **community service program** that allows for full compliance with the HUD requirements for eight hours (8) per month for community service, self-sufficiency activities or a combination of both. This plan offers two components from which residents will be able to choose. It is believed that this level of flexibility will promote program participation and compliance. These components are (1) Intense Job Skills and Training Program and (2) Community/Volunteer Service.

### **Program Goals/ Objectives:**

### Establish a **community service program** that will:

- Provide comprehensive information to the residents in Public Housing regarding this mandate and their obligations to participate or whether they have exemption status.
- Engage residents in meaningful community service and selfsufficiency activities that will improve their socio-economic.
- Promote a sense of community inclusion and cooperation between the residents and community at large.
- Establish interagency partnerships to ensure adequate and appropriate community service and training opportunities. This will involve securing commitments from public and private resources in the community.

- Provide homeownerships options for residents
- Develop a system of accountability and compliance of participants and community service providers to promote long-term success and effectiveness.
- Provide written documentation of annually resident compliance.
- Assess overall quality of program to identify ongoing and future program needs.
- Enhance the employability of program participants by offering opportunities geared towards job placement.
- Provide guidance and support to residents participating in the program to help overcome any identified barriers to participation.
- Establish cooperative working relationships with the local businesses in the community.

### **Resident Objectives:**

- Achieve a greater level of self-motivation, self-esteem, self-discipline and self-sufficiency by engaging in rewarding activities that will allow them to be of service to others in the community.
- Enhance employment skills that may lead to long-term gainful employment and self-reliance.
- Utilize occupational training offered by CVCC Junior college
- Work in cooperation with Housing Authority staff to identify and address various barriers to success.

### **Family Demographics:**

The Hickory Housing Authority's Public Housing program currently consists of 311 units. Of the 311 units, residents occupy 309 units and 2 are designated sub-stations.

The Authority's **Community Service Program** will identify those residents in public housing who are required to participate as outlined in the statute.

The demographics of the Public Housing population is outlined below:

### **Units:**

Total Number of Public Housing Units	309
Total Number of Occupied Units	309
Blue Ridge Heights	68
Hillside Gardens	70
Ridgecrest	88
Terrace Hills	44
Sunny Valley	39

### **Families:**

Total Number of Families	307
Total Number of Elderly Residents	31
Total Number of Handicapped/ Disabled Residents	56
Total Number of Female Head of Household	255
Total Number of Male Head of Household	52
Total Number of Single Parent Heads	156
Total Number of Residents	822

### Age, Sex, and Race:

Number of Females	440
Number of Males	227
0-5 Years Old	151
6-12 Years Old	137
13-18 Years Old	71
18 Years and Older	463
African-American Residents	220
Caucasian Residents	63
Hispanic Residents	23

### **Income:**

TANF	23
SSI	61
SS	64
VA Retirement	5
Wage Earners	74
Voluntary Child Support	32
Involuntary Child Support	32
Unemployment Benefits	0
Other	0
Other Non-Wage	0
No Income	85

### Number of Residents Required to Participate

Based on the criteria of the statute and the recorded demographics, there are 85 (eighty-five) residents who are required to participate in the community service program.

### **Program Incentives**

This is an unfunded, mandated program, so therefore participation is not optional. While there will be no tangible program incentives, the consequences of non-compliance and the intrinsic value of self-improvement and economic success will be highlighted in an effort to motivate the resident to take advantage of an opportunity towards self-sufficiency. In many instances, community/volunteer service can lead to gainful employment.

### **Outreach Efforts and Orientation**

To keep all of our residents abreast of the laws that affect them, a written summary of this statute will be mailed to each of the 309 units. This summary will include a synopsis of the law, consequences for non-compliance and the individual participation status and responsibilities along with specific procedures to follow for the certification process.

Resident meetings will be held at each development to advise residents of the regulations, changes in regulations, etc.

Residents who qualify for the exemption status will be provided with detailed information regarding what documents, if any, that are necessary for certification. It will be required that any change in resident exemption status be reported immediately to the HHA for the proper follow up and recertification/verification process. The information will also include cut-off dates for compliance. Similarly, those residents who will be required to participate in the program will be provided the dates and times for the mandatory orientation meeting.

Additionally, a list of all the community service providers and the volunteer profile sheet will be included in the first mailing to allow the resident an opportunity to begin the process of choosing the program component(s) they wish to pursue.

To facilitate resident convenience, peer support and to ensure that each participant is appropriately and adequately informed about his or her responsibilities under this statue, a mandatory orientation meeting will be held at each site.

During the meeting, the following items will be addressed:

- 1. Individual Requirements under this statute.
- 2. The benefits of compliance.
- 3. The consequences of non-compliance.
- 4. Choosing a program component and community resource provider.
- 5. Liability
- 6. Certification of compliance.
- 7. Program Termination.
- 8. Grievance Procedure.

### **Program Requirements**

It is the sole responsibility of the resident to secure appropriate placement and involvement with either the intense job skills training program, the community/volunteer service program or a combination of both. It is recommended that the resident choose a pre-approved provider from the list to avoid being placed in hazardous conditions or inappropriate (political activity) service activities.

HPHA will not assume any liability for any action arising out of the resident's involvement in this community service program. The resident's involvement with this program is not to be constructed as an employment relationship with the HPHA and/or the community service provider.

HPHA will provide to the resident a list of approved community service providers, a description of the service that they provide and the name and number of the resource contact.

The resident is responsible to ensure that their participation is accurately verified and submitted at the appropriate time. Any changes in program status are to report to the Family Self Sufficiency Coordinator for proper tracking. To further ensure proper tracking of resident compliance and to maintain a positive relation with the community service providers, the provider will be given a form to notify the HPHA of any problems, concerns or changes in participant status.

For those individuals choosing the job skills training program, the number of hours spent in each session will count towards the eight-hour minimum per month. This will allow the resident some flexibility in continuing with an active job placement program if employment has not been obtained by the conclusion of the job skills training program. In the event employment has not been secured by the time accrued time has been expended, the resident will be required to complete the eight-hour monthly requirement of community/volunteer service.

At the point of the annual verification of participation, the resident is responsible for ensuring that the proper documentation of compliance is received and submitted to the HPHA. No self-certifications will be allowed. Written documentation of the number of hours of participation must be received in writing form the certifying agency.

### **Scope of Activities and Supportive Services**

Commitments of participation have been secured with the following agencies to provide the Intense Job Skills Training and the Community/Volunteer Service Placements:

### **Job Skills Training & Placement**

Faced Center	Deloris Sanders	828-327-7217
Department of Social Services	Karen Hefner	828-695-3311
CVCC Resource Development	Donna Trado	828-327-7000,ext 4370
CVCC Job Link Center		828-327-7000
CVCC Displace Homemakers		
CVCC College Curriculum		
Workforce Security Act		
Employment Security		
Experience Works		

Participants will work with the Family Self-Sufficiency Coordinator and Youth Workers who are employed by the HPHA.

### The FSS Coordinator will:

- Follow-up to determine that all participants have been informed of their obligations and have been provided with the proper orientation materials and resources and referrals made.
- Determine the level of compliance of the resident sixty days prior to the expiration of the lease.
- Provide written notification at least thirty days prior to the expiration of the lease to any resident who has been verified to be non-compliant with this mandate.

### **Program Termination Procedure:**

If the community service provider chooses to terminate the relationship with the resident, the resident will be responsible for securing a new and acceptable placement.

The following are reasons for termination of the Community Service Program/Placement:

- Failure to complete the required number of monthly work or self-sufficiency activities.
- Inappropriate or abusive behavior
- The resident's withdrawal from public housing.

### **Grievance Procedure**

Grievances must be submitted to the HPHA in writing. The informal hearing procedures will be utilized per the Public Housing Grievance Procedure.

### **Assurance and Non-Interference**

The Housing Authority assures that all residents will be duly informed of their responsibilities under this statute and that the proper documentation and follow-up will be made to accurately verify and report compliance.

Each community service provider will be given and opportunity to provide feedback of their experiences with the program inclusive of any recommendations in order that the HPHA can adequately assess the effectiveness of the program and to identify long-term and ongoing program needs.

### **Implementation Timetable**

Outreach efforts and follow-up will be implemented upon approval of the proposed plan.

### **Certification of Coordination:**

The Housing Authority will coordinate all services with the aid of the Public Housing Division to ensure implementation and to maintain the integrity of all data collected.

(FFS COORDINATOR JOB DESCRIPTION ATTACHED)

### **CAPITAL FUND PROGRAM TABLES START HERE**

### Attachment nc056p01

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

PHA	Name:	Hickory Public Housing Authority	Grant Type and Number: Capital Fund Program No: Replacement Housing Factor Gran	NC19P05650102	2	Federal FY of Grant: 2002
	•	nnual Statement Reserved for Disasters/Emergencies ce and Evaluation Report for Program Year Ending 3/31/03	Revised An	nual Statement/Revision Number _ mance and Evaluation Report for P	<del>_</del>	
	Line	Summary by Development Account	Total Esti	mated Cost	Total Actu	ıal Cost
	No.		Original	Revised	Obligated	Expended
	1	Total Non-Capital Funds				
	2	1406 Operating Expenses	38,977.00	38,977.00	38,977.00	38,977.00
	3	1408 Management Improvements	51,000.00	47,000.00	47,000.00	15,770.43
	4	1410 Administration	48,373.00	48,373.00	48,373.00	16,348.02
	5	1411 Audit	3,500.00	0.00	0.00	0.00
	6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
	7	1430 Fees and Costs	39,000.00	7,391.60	3,391.60	2,476.60
	8	1440 Site Acquisition	0.00	0.00	0.00	0.00
	9	1450 Site Improvement	57,336.00	83,810.84	83,810.84	74,398.86
	10	1460 Dwelling Structures	240,544.00	253,177.56	173,038.00	109,429.10
	11	1465.1 Dwelling Equipment-Nonexpendable	5,000.00	5,000.00	5,000.00	5,000.00
	12	1470 Nondwelling Structures				
	13	1475 Nondwelling Equipment				
	14	1485 Demolition				
	15	1490 Replacement Reserve				
	16	1492 Moving to Work Demonstration				
	17	1495.1 Relocation Costs				
	18	1499 Development Activities				
	19	1501 Collateralization or Debt Service				
	20	1502 Contingency				
	21	Amount of Annual Grant (sums of lines 2-20)	\$483,730.00	\$483,730.00	\$399,590.44	\$262,400.01
	22	Amount of line 21 Related to LBP Activities				
	23	Amount of Line 21 Related to Section 504 Compliance				
	24	Amount of Line 21 Related to Security - Soft Costs	20,000.00	20,000.00	20,000.00	1,276.50
	25	Amount of Line 21 Related to Security - Hard Costs				
	26	Amount of Line 21 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and	Number:					Federal FY of Grant
	Hickory Public Housing Authority	Capital Fund Prog	gram No:	N	NC19P05650102	2		2002
	, ,	Replacement Ho	Replacement Housing Factor Grant No:					
Development	General Description of Major Work	Dev. Acct No.					Status of Work	
Number	Categories							
Name/HA-Wide				Original	Revised	Funds	Funds	
Activities						Obligated	Expended	
HA-Wide								
	Operations:	1406		38,977.00	38,977.00	38,977.00	38,977.00	Completed
	Management Improvements:							
	Executive Director - Salary	1408		12,000.00	12,000.00	12,000.00	12 000 00	Completed
	Employee training	1408		4,000.00	0.00		0.00	
	Police patrol (1) x 15hr. wk x 52	1408		20,000.00	20,000.00		1,276.50	
	Resident Services	1408		15,000.00	15,000.00		2,493.93	
		1.00		51,000.00	47,000.00		15,770.43	
	Administration:				·	,	·	
	Director of Technical Services - Salary	1410		48,373.00	48,373.00	48,373.00	16,348.02	
	Audit:	1411		3,500.00	0.00	0.00	0.00	
	Fees & Costs:							
	Hire Consultant for Needs Assessment	1430		4,000.00	4,000.00	0.00	0.00	
	A/E						2,476.60	
	A/E	1430		35,000.00	3,391.60			
				39,000.00	7,391.60	3,391.60	2,476.60	
HA-Wide	Dwelling Structures:							
	Replace water heaters that are not replaced	1460	LS	2,500.00	2,500.00	0.00	0.00	
	when air conditioning installed							
	Recycle units at turnover	1460	LS	20,000.00	175,139.56	100,000.00	55,358.60	
	Entry Door Replacement (Front & Rear)	1460	12 units	14,712.00	0.00	0.00	0.00	
				37,212.00	177,639.56	100,000.00	55,358.60	
	Dwelling Equipment:			<u> </u>	·	-	· · · · · · · · · · · · · · · · · · ·	
	Replace Stoves	1465	LS	2,500.00	2,526.30	2,526.30	2,526.30	
	Replace Refrigerators	1465	LS	2,500.00	2,473.70		2,473.70	
	Tropiaco Tromgoratoro	1400		5,000.00	5,000.00	· ·	5,000.00	
				3,000.00	3,000.00	3,000.00	3,000.00	
	TOTAL HA-WIDE			\$223,062.00	\$324.381.16	\$242,741.60	\$133,930.65	
	TOTAL TIPE			<b>\$225,002.00</b>	Ψ0 <u>-</u> 1,001110	Ţ= 1=,1 <del>-</del> 1100	ψ.00,000.00	

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

PHA Name:	A Name:		Grant Type and Number:						
	Hickory Public Housing Authority	Capital Fund Pro	Capital Fund Program No: NC19P05650102						
		Replacement Housing Factor Grant No:							
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
Number	Categories								
Name/HA-Wide				Original	Revised	Funds	Funds		
Activities						Obligated	Expended		
NC 56-1	Dwelling Structures:								
	Replace screen doors as needed	1460	LS	4,000.00	15,269.00	15,269.00	15,269.00		
	Kitchen Cabinets			0.00	57,769.00	57,769.00	38,801.50		
	TOTAL NC 56-1			\$4,000.00	\$73,038.00	\$73,038.00	\$54,070.50		
NC 56-2	Site Improvement:								
	Ridgecrest - Repave Parking	1450		57,336.00	69,098.84	69,098.84	69,098.84		
	Erosion Control			0.00	14,712.00	14,712.00	5,300.02		
				57,336.00	83,810.84	83,810.84	74,398.86		
	Dwelling Structures:				·	·			
	Ridgecrest - HVAC Finish	1460	58 units	193,632.00	0.00	0.00	0.00		
	Electrical - Smoke Detectors	1460		3,200.00	0.00	0.00	0.00		
	Replace screen doors as needed	1460	LS	2,500.00	2,500.00	0.00	0.00		
				199,332.00	2,500.00	0.00	0.00		
	TOTAL NC 56-2			\$256,668.00	\$86,310.84	\$83,810.84	\$74,398.86		
	TOTAL GRANT FOR 2002			\$483,730.00	\$483,730.00	\$399,590.44	\$262,400.01	54% Completed	

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

PHA Name:	Hickory Public	c Housing Au	thority	Grant Type and Number: Capital Fund Program No: Replacement Housing Factor Grant No:  NC19P05650102				Federal FY of Grant: 2002
Development No.		All Funds Oblig	gated	All Funds Expended			Reasons for Revised Target Dates	
Name/HA-Wide				(Quarter Ending Date)				•
Activities	, , ,			, ,				
	Original	Revised	Actual	Original	Revised	Actual		
HA-Wide	6/30/2004			6/30/2006				
NC 56-1	6/30/2004			6/30/2006				
NC 56-2	6/30/2004			6/30/2006				

## Hickory Housing Authority RAB Comments to PHA Plan Attachment: nc056q03

Public Hearings were scheduled at all sites and the at the Administration Office in order for the tenants to express their concerns and suggestions for the 5-year Agency Plan and Annual Plan.

## April 8, 2003 at the Administration Building

3 persons present

#### Comments from Residents:

Recommended enhancement of the L. M. Clark Community Center as follows:

- Basketball goal in front of center
- Benches in front of center
- Azaleas
- Line the parking places
- The front porch at the Resource center and 36K needs to be separated

## Ridgecrest - May 7, 2003

6 persons present

#### **Comments from Residents:**

A request for the parking lot of the development to be paved and replacement of the hot water heaters.

## Sun Valley - May 21, 2002

No tenants present

## Response from PHA:

Resident concerns have been addressed in the PHA Plan. Some concerns are already being addressed by the Housing Authority or are in the making.

## HOUSING AUTHORITY OF THE CITY OF HICKORY

## Wings Family Self Sufficiency - Attachment nc056r01

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**Appendix** 

#### I. Introduction

This Action Plan introduces WINGS a Family Self-Sufficiency Program (FSS). The FSS Program is designed to provide Section 8 clients, an opportunity to secure training and develop the skills needed to obtain a good job, or if already employed, to develop a career path to a better job.

We realize that most Section 8 program Participants have family responsibilities. Adding additional responsibilities to their lifestyles can be difficult. However, the FSS program case management staff will help to find solutions so that these difficulties can be overcome. The road to financial success is never easy. It requires hard work and sacrifice. This program will offer assistance in obtaining economic self-sufficiency.

Demographics, such as the number of participants, family size, racial and ethnic data, and supportive service needs shall be maintained. As the program has been in existence, a timetable for implementation is not needed.

## II. Eligibility/Outreach/Selection

#### **Eligibility**

Participants of the Section 8 Housing Choice Voucher Program (HCV) are eligible to participate in the WINGS. Participants porting into the jurisdiction are eligible to continue participation in the FSS Program or may begin participation. Participant from other FSS – type programs are not anticipated to switch to the WINGS FSS Program.

#### Note:

The Head of the Household for the FSS Contract must be the same as the Head of the Household on the Dwelling Lease Agreement.

## Outreach to Potential FSS Participants

Outreach efforts to minority and non-minority participants by the FSS Coordinator may include direct mailouts, briefings of service providers, orientation sessions to potential participant families, and flyer circulation/distribution. As needed, bi-lingual information may be available. The WINGS FSS Program will also be explained at the Section 8 HCV Program briefings

All new participants of the Section 8 HCV Program will be provided information concerning the program and an invitation to attend a scheduled orientation session.

Staff will make a direct appeal to current Participants of Section 8 HCV Program to apply for the FSS Program. This appeal will take place at the time of their annual renewal and during the regular course of resident contact. Program Participants are invited to attend an FSS orientation session that explains the program. Direct mailing and flyers are a vital part of outreach efforts, however, the most effective method is direct personal contact.

Families who do not decide to participate in the WINGS FSS program will not be affected by their decision. They will retain all rights under the Section 8 HCV program.

## **Selection of Participants:**

WINGS FSS staff recruits FSS Participants from current Section 8 families. All program participants are eligible to voluntarily participate in the FSS Program. Their enrollment and active participation in the FSS Program is highly encouraged. A paper verification of the offering and acceptance/non-acceptance and the selection process will be maintained to ensure families are selected without regard to race, color, religion, sex, handicap, family status, or national origin.

Potential participants shall be informed about the following incentives:

- ② Escrow Account
- ② Increased Independence
- ② Increased Income
- ② Education and Training
- ② Homeownership and Others

#### III. STEPS IN THE SELF-SUFFICIENCY PROCESS

All interested Section HCV 8 Program Participants may contact the WINGS FSS Coordinator to obtain information on the FSS Program. The FSS Coordinator will schedule interested clients for an orientation.

#### Orientation Session:

The Head of the Household must attend the orientation session and all annual case review sessions held during the program. The orientation session will include presentations by FSS staff, and other community partner organizations. Structure for the orientation session may be as follows:

- A. <u>Welcome</u> Attendance is taken at the door and "first name" tags are prepared. Only Section 8 tenants should be attending. Guests are greeted on an informal basis.
- B. <u>Program & FSS Staff Introduction</u> The staff will explain the main objective and process of the program.
- C. <u>Self-Assessment & Goal Setting Exercise</u> Ever mindful that self-esteem of the participants is of the utmost importance, the WINGS FSS Coordinator shall facilitate an informal client self-assessment and goal setting exercise. Self exploration is critical in the quest for a self sufficiency plan. These exercises can help stimulate clients to formulate thought about a broader variety of possibilities, and introduce the participant to a broad vocabulary of terms to describe their skills and positive traits. The orientation will also foster a feeling of independence, interdependence and mutual support for individuals who might typically otherwise feel isolated and alienated from others.
- D. <u>Program Briefing</u> The FSS Staff must be prepared to address the following types of questions:
  - 1. (What is the WINGS FSS Program?) The FSS Program is a program to promote economic self-sufficiency among Section 8 clients.
  - 2. (How does FSS work and how do you achieve success?) The staff may review the FSS Brochure/Information Sheet and discuss when a FSS participant is considered a success. The staff may explain the criteria for the definition of successful completion of the FSS Program.
  - 3. The staff will explain the Escrow Account as another incentive of the FSS Program.
- E. <u>Question and Answer Session</u> The staff will allow for a question and answer session. The main objective of this session is to encourage the guests to ask questions to obtain clarifications.
- F. <u>Application</u> The staff will allow approximately from ten to fifteen minutes to review the basic content areas in the application for the FSS Program.

The staff will ask the guests to fill out the application if they feel they are interested in becoming FSS Participants.

Handouts recommended for the orientation session are as follows:

- FSS Information Sheet/Brochure
- FSS Application
- FSS Orientation Acknowledge Form
- FSS Pre-Enrollment Information
- FSS Personal Needs Assessment

After the family has expressed interest in participating by completing the application for the program, they will assign to an FSS Coordinator and issued a follow-up appointment.

- G. Assessment The first case session will include an in-depth needs assessment which serves as the base line for determining what services will be needed in support of the prospective participant.
- H. Service Plan The FSS Coordinator ensures that all needs of the family identified in the service plan (Individual Training and Services Plan) are addressed and coordinated with services. Resources in both public and private sectors are essential for the Housing Authority FSS Program. A network of service providers (focusing towards the participant's needs) is carefully identified and coordinated by the FSS Coordinator. The network of services not only allows for the exchange of timely information, but also provides the agency a system which prevents duplication of servicing activities. The participant's needs are matched and addressed with resources and documented in the case file.

The WINGS FSS Program may sponsor an FSS Fair. At this Fair representative from service agencies will set up booths to explain their services. WINGS participants can sign up for services needed in their Individual Training and Services Plan.

The nature of the program necessitates that the families establish their own educational and employment goals. To comply with the Contract of Participation, the interim goals must lead to an income which will be above the entitlement levels for government assistance by the end of the fourth year of the program.

I. Contract of Participation - After the service plan is completed, a Contract of Participation is completed by the FSS Coordinator, signed and agreed to by the Head of the Household of the participating family. The five-year period begins when the Contract of Participation is signed, obligating the family to follow the individualized service plan. Should Contract of Participation be signed and dated other than the first of the month, the contract becomes effective the first of the following month.

Updates to the case status are processed by documenting to the Case Narrative Sheet in the case file. Changes should also be made to an automated system.

Extensions may be granted on a case by case basis and only with a supervisor's written approval.

## IV. FSS Coordinator Reviews & Updates of Self-Sufficiency Plans

Even though a great amount of time and effort is invested during the application and assessment steps, a critical component is the trusting long-term relationship. Documentation of client progress will be completed monthly with each participant. The monthly review/update may be conducted in person, by mail, and/or over the telephone. However, an annual review must be conducted by the FSS Coordinator in person with the Head of the FSS family and all other family participants. The purpose of the review is to evaluate the progress made toward the goals set by each participant. Failure to meet goals, comply with the Dwelling Lease Agreement, and comply with the Housing Authority rules and regulations may result in termination of the FSS Contract of Participation, loss of FSS escrow, and in some cases housing assistance. Updates to the case status will be documented on the FSS Case Narrative and on the automated FSS system, if available.

Key elements in case coordination are as follows:

- Advocacy, re-assuring the effectiveness of the FSS Program
- Technical Assistance, providing guidance & resource information
- Supportive Counseling
- Monitoring progress and activities
- Re-evaluating, reviewing and possible revision of goals

## V. Supportive Services

This section is a certification of coordination, as possible, with the JOBS, JTPA and other programs. Recognizing that the Housing Authority is funded primarily for housing assistance, community agencies are the primary source of supportive services to FSS clients. The Housing Authority's FSS Program Coordinator identifies and coordinates services for clients through a wide variety of agencies to address the needs of participants, to include education, job training, parenting, budgeting, homeownership, etc. The FSS Coordinator shall conduct briefings as needed to public and private agencies within the local community, in an effort to develop/strengthen a network of supportive services for the FSS Program. Thus, continuing to improve and expand the network of resources amongst the community.

#### Child Care

The FSS Program does not offer any direct Child Care Assistance, but certain programs that the participant may be enrolled in do offer Child Care Assistance.

#### **Transportation**

Transportation assistance may be offered through the FSS Program on certain occasions, however the majority of transportation assistance would be provided through the specific program that the participant is enrolled in, depending on the program.

#### Remedial Education

There are various agencies in the community that does offer different remedial education such as English as a Second Language and GED. Each case would vary, depending upon the needs of the participant.

#### Education

Coordination geared toward completion of secondary and/or post secondary education is important for FSS families who identify this as being one of their goals.

#### Job Training, Preparation and Counseling

FSS Participants are referred for employment and training services to various community agencies.

## Money Management Training

Issues pertaining to personal finances are addressed at various levels within the program process. FSS Coordinators meet with each family to identify a potential need for financial counseling and make necessary referrals.

#### Home Ownership Counseling

Information is given to the FSS participants from different home ownership programs, such as the Fannie Mae Foundation and the Housing Authority's Homeownership Program, if available.

## Family Violence

Referrals are made to various community agencies for counseling and support services for child, adolescent, and adult victims of family violence. Additionally, these agencies may provide temporary shelter, legal advocacy, financial referrals, and job training programs for victims of family violence. These resources are readily available to all FSS participants.

## Substance Abuse Treatment and Counseling

FSS program participants needing substance abuse treatment and counseling may be serviced through various community agencies.

## Homemaking & Parenting Skills Training

FSS participants are assisted through various community agencies. FSS staff should conduct follow-up on the participants' progress. A strong network of services and/or servicing action should be established.

#### Adolescent Services

Provided by various community agencies, to be listed at a later date.

#### Mental Health Services

Provided by various community agencies, to be listed at a later date.

#### Mentoring

FSS staff should conduct the mentoring process. Also possible is to have previous FSS participants who have become self-sufficient speak at workshops.

#### Personal Growth Self-Esteem

FSS staff should develop workshops with speakers from various community agencies.

#### VI. Case Coordination

WINGS staff and/or partnering agencies provide the following types of services to FSS participants:

- A set of logical steps and a process of interaction is established, ensuring that FSS participants are informed of needed services in a supportive, efficient and cost-effective manner.
- FSS staff may coordinate a range of resources, assuring accountability, continuity of care, accessibility and efficiency. Action is also taken to ensure that clients are kept informed of other pertinent services, treatment, care and other opportunities or services to which they may be entitled.
- The FSS Coordinator has responsibility for service planning and system coordination with the participant family, on an on-going basis to develop the following:
  - ② An appropriate service plan
  - ② Assure access to services
  - Ø Monitor service delivery
  - ② Advocate for client needs
  - Evaluate service outcomes

## VII. Completion/Termination from the FSS Program

#### Completion of the WINGS FSS Program

Completion of the WINGS FSS Program is when participants earn their wings and is achieved when the family has fulfilled all of it's responsibilities under the Contract of Participation, and the family income meets or exceeds the income level established by HUD for admission to the Housing Authority programs. The Participant provides written proof that no family members receive any form of welfare assistance and has not received welfare assistance for the past 12 consecutive months (written verification from service providers is required), AND

Thirty percent (30%) of the family's monthly income meets or exceeds the Fair Market Rent as established by HUD for the family's qualified bedroom size. When either of these conditions are present the family is relieved of all requirements of their FSS Contract of Participation. At this point, the participant is considered to have successfully completed the program requirements and may be graduated from the FSS Program.

#### <u>Termination from the FSS Program</u>

In addition to the Housing Authority procedures covering termination from Section 8 HVC Program the following FSS Program guidelines may apply for families participating in the Housing Authority FSS Program:

#### Failure to Meet Goals

In the event that an FSS participant fails to meet educational and/or employment goals in the FSS Contract of Participation the following steps may be taken:

STEP 1 - The assigned case coordinator will conduct a personal interview with the Participant to determine the nature of the barrier. If the Coordinator determines that the barrier is beyond the participant's control a revised service plan will be written with the goal remaining economic self-sufficiency. However, if in the opinion of the FSS Coordinator the barrier rests within the control of the Participant, the Participant's case along with an applicable written summary and recommendation may be referred to a supervisor for review. After approval by the Supervisor the files including the recommendation may be documented in the FSS file and appropriate changes made.

STEP 2 - The FSS Participant may request an informal hearing under the appeal process outlined in the Housing Authority's Grievance Procedure, if he/she disagrees with the recommendation.

## VIII. WINGS FSS Program Coordinating Committee

Families who do not decide to participate in the WINGS FSS program will not be affected by their decision. They will retain all rights under the Section 8 HCV program.

The WINGS FSS Program Coordinating Committee shall include representatives of agencies that may provide needed services, other resources, and at least one Participant. The purpose of the PCC is to provide advice regarding policies and procedures, and to assist with obtaining needed resources.

#### IX. Escrow Account

The general concept of the escrow account is that FSS families accrue funds and continue to pay rent in accordance with their income changes. For escrow to accrue, the current family TTP must be greater than the family TTP when the FSS Contract of Participation was executed <u>due to an increase in earned income</u> by the FSS participants. The amount of funds escrowed for the family will be affected by incremental increases in the family income.

Note: If the Head of Household gets married after the execution of the Contract of Participation, the spouse's earned income is counted when computing the escrow, regardless of whether they have an individual training and services plan.

#### Income and rent calculation

The family's annual income, earned income and TTP is inserted into the contract of Participation at execution. These are the baseline figures for future escrow calculations.

The figures may be taken from the amounts on the last reexamination or interim determination before the family's initial participation in the FSS Program, unless more than 120 days will pass between the effective date of the reexamination and the effective date of the contract. The Housing Authority will conduct a new reexamination if it is more than 120 days.

If the family's earned income increases, the Housing Authority compares the TTP to the baseline TTP and, in most cases, the difference is escrowed.

## Calculating the Escrow Credit

After the effective date of the Contract of Participation, an escrow credit calculation will be made on the Escrow Credit Worksheet. This will establish the "base'" from which the family will begin. For every annual or interim reexamination the escrow will be calculated and the FSS Coordinator will record the information on the FSS CLIENT LIST SPREADSHEET, under the appropriate columns. The completed spreadsheet will be forwarded to Finance Department on a monthly basis.

#### <u>Impact of the Income Limits for Admission</u>

The monthly escrow credit will be different depending on whether the annual income for the family falls within the Housing Authority's adopted very-low-income limits for admission or low-income limits for admission.

- For housing program eligibility purposes, the gross annual income is compared to the income limit. For FSS escrow calculation purposes, the adjusted annual income is compared to the income limit.
- ② For very-low income families, the amount to be escrowed is the lesser of:
  - Difference between 30% of current monthly adjusted income and the family rent adjusted to exclude increases in earned income
  - Difference between current TTP and the TTP on the effective date of the FSS Contract of Participation
- When the adjusted income exceeds the very-low income limit, 30% of the amount by which the adjusted income exceeds the very-low income limit is deducted from the estimated credit. The remainder is the family's actual escrow credit.
- Ø For families over the low-income limit, there will be no FSS credit
- No additional credits will be made to the family's FSS account when the FSS family has completed the Contract of Participation or when the Contract of Participation is terminated or otherwise nullified.
- A lower percentage of the earned income may be credited to the escrow account if:
  - Adult family members are added to the household or if a child turns 18 after execution of the Contract of Participation
  - The additional earned income increases the family's total income above the very low income limits

It is critical that the correct income limits (Low and Very Low) for the current family size be entered on the escrow worksheet.

## Timing of the Credit Calculation

The base for the family is established by the FSS Coordinator at the time the family signs their Contract of Participation for the FSS Program. Staff must calculate monthly escrow credit thereafter whenever there is or annual or interim reexaminations. If the family has one or more interim reexaminations during the year, the monthly escrow amount may change during the year. Otherwise, the monthly escrow credit will be the same for the entire period between reexaminations.

## Procedures for reporting escrow balances/changes to Finance Staff

At the end of each month, after all changes have been made to the FSS Client List (to include changes to escrow accounts), the FSS Coordinator will inform a supervisor for approval, and copy the finance staff. Finance staff will determine the changes by identifying in columns titled "Escrow Begin/Month/Year," (This column will have the month the escrow starts, or the month of the change), "Escrow End/Month/Year," (This column will have the month in which the escrow ends) "Total Number of Months," (This column would be the total number of months that is used to figure the amount of escrow) "Monthly Escrow," (This will show the amount of escrow per month that should be credited) "Sub-Total," (This should be the number of months (x) the monthly escrow amount) "Interest Payment," (To be figured by Finance Staff "Total" (This amount would be the Sub-Total plus any interest payment), Columns "O" (Account Withdrawal), "P" (Date Withdrawal) "G" (Reason for Withdrawal), will be used only when a participant has withdrawn money from their escrow account. Column "R," (Account Balance) will be the amount of the escrow balance, after any withdrawals have been made.

#### Escrow Fund Deposits and Investments

The Housing Authority is required to deposit the escrow funds calculated into a depository account to be held for the family. These funds will come from the reduced HAP amounts which are transferred to the escrow account.

## Crediting the Escrow Account

The Housing Authority will deposit all escrowed funds into a single depository account for each FSS Program (Section 8). This is so that the Internal Revenue Services (IRS) will not count the funds or interest on the funds in the escrow account as income for purposes of income tax, either before or when the family actually receives the escrow. The Housing Authority credits the account once annually. The FSS worksheet credit calculations are added for the twelve (12) month period and the Housing Authority then makes one (1) adjustment. If the Housing Authority finds that a family did not report income they were required to report, the Housing Authority will not credit the family's escrow account with any portion of back rent.

#### Interest on the FSS Escrow Account

Before applying the interest, the Housing Authority must check to see if the family owes rent or other amounts due to the Housing Authority.

If the family owes any amount, the Housing Authority will reduce the balance in the account by the amount owed.

## Reporting of the FSS Escrow Account

The Housing Authority will make a report on the status of the Escrow Account, a minimum of once per year.

The report will include the following:

- The balance at the beginning of the year
- ② The amount of the family's rent payment that was credited to the FSS Account
- ② Any deductions/disbursements made from the account
- The amount of interest earned on the account during the year
- The total in the account at the end of the reporting period

#### Disbursement of the FSS Escrow Account

The FSS Coordinator shall review the case and determine if the FSS participant has completed the FSS program. The FSS Coordinator shall prepare a recommendation for release of escrow account funds for each FSS participant that has successfully completed the FSS program.

Prior to disbursement of any FSS Escrow funds the FSS file and the tenant file will be sent to a supervisor for review and approval. The files should contain a written request from the family for the escrow funds, the required verifications of income, government assistance, a written recommendation by the FSS Coordinator and a completed FSS Escrow Account Status.

The family may use the final disbursement of escrow account funds for ANY reason. The amount in an FSS account, in excess of any amount owed to the Housing Authority by the FSS family, is paid to the head of the FSS family when any of the following occur:

- Whenever 30% of the family's monthly adjusted income equals or exceeds the existing housing Fair Market Rent for the Certificate or Voucher size issued in Section 8 (even if the five year term of contract is not up).
- When the Contract of Participation has been completed, and the Head of the family certifies that, to the best of his/her knowledge and belief, NO FAMILY MEMBER has received federal or state governmental assistance for the past 12 consecutive months.

#### Interim Disbursements

The Housing Authority may at its sole option disburse a portion of the funds from the escrow account during the Contract of Participation period for CONTRACT RELATED EXPENSES if the family:

② Has fulfilled certain interim contract goals

Needs a portion of the FSS account funds for purposes consistent with the contract, such as school tuition, job training, business start up expenses, auto (when public transportation in unavailable or inaccessible to the family) or homeownership.

The Housing Authority will not release funds from the Escrow Account unless the funds are withdrawn to aid in the completion of an interim goal (interim disbursement). However, any interim disbursement paid to the family must be repaid to the Housing Authority if the payment was based on fraud or misinformation by the participating family.

Interim disbursements are requested in the same manner as final payments. The FSS file and tenant file must be sent to the Manager of Operations for review with final review to be made by the Deputy Director of Administration. The files should contain a written request from the family with verification from the vendor showing actual costs for interim disbursement along with a written recommendation from the FSS Coordinator and a current Escrow Account Status. If disbursement is approved the family must send the FSS Coordinator a receipt/receipts to verify payment was made

## Change in Family Composition

If the Head of the FSS family no longer resides with other family members in the unit, the remaining adult members of the family will have the right to designate another adult family member who is on the lease agreement (and is also the Head of Household on the lease) to receive the funds. If the head of household marries, household income increases and the new Total Tenant Payment (TTP) equals or exceeds the Section 8 existing Fair Market Rent (FMR), the family is entitled to the escrow and is deemed a graduate of the FSS Program.

If the family with two adults separate and the Housing Authority determines that the escrow should be paid to the FSS family, it may be paid to the family member continuing to reside in the unit, retaining the certificate/voucher assistance. Also, if the family member was not designated as head of the FSS family, they must now designate himself/herself as head of the FSS family (Also on the lease agreement) in order to receive the escrow.

## Forfeiting the Escrow Account

Amounts in the FSS account will be forfeited if any of the following occur:

② The Contract of Participation is terminated

The Contract of Participation is completed but the family is receiving welfare assistance when the contract expires, including extensions

If the head of the family dies and the remaining members of the family choose not to continue participating in the program and the Contract obligations have not been met, the escrow funds would be forfeited. If the family does not pay their rent to the Section 8 owner or abide by the lease agreement or program regulations, the funds may be forfeited for any of the following:

- Failure to comply with the applicable lease or any of the family obligations or the Contract of Participation
- Nonpayment of tenant rent is also grounds for terminating a family's FSS participation and forfeiture of the escrow account

## X. Procedures for Complaints/Hearings

- ② The FSS Participant will receive a written notice of the decision of adverse action within ten (10) calendar days form the date of decision.
- The notice shall contain a brief statement of the reason(s) for the decision. The notice also should contain procedures for filing complaint/appeal
- The FSS Participant may submit a written request to the Housing Authority within fifteen (15) days from the date of the notice, requesting an informal hearing.
- The housing authority shall designate any person(s) as the review officer(s). The person(s) designated as the review officer(s) shall not be the person who made or approved the decision under review or a subordinate of such person.
- The proceedings of the review shall be informal and confined to factors relating to the Family Self-Sufficiency Program and to decide whether decision of adverse action is justified.
- The housing authority shall notify the participant of the date, the time, and the place of conducting the informal review at least one week prior to the date of the review.
- The participant shall have the right to present his/her objections either orally or in writing.

#### The Decision

- 1. The review officer(s) shall decide whether the decision of adverse action to the participant was justified and <u>according to</u> the Federal regulations and rules of the housing authority. This final decision shall be given within seven (7) calendar days from the date of review.
  - 2. The housing authority shall promptly notify the participant in writing of the final decision, and a brief statement of the reasons for the final decision. In no case shall the decision take more than fourteen (14) calendar days.

## **APPENDIX**

FORMS USED IN THE FAMILY SELF SUFFICIENCY PROGRAM

## Housing Authority of the City of Hickory

## Section 8 Project Based Voucher Program Attachment: nc056s01

Agencies utilizing the Section 8 Project Based Voucher Program, including certificate programs that were converted to vouchers or intending to utilize the Section 8 Project Based Voucher Program during the upcoming fiscal year are required to provide the following information.

Our agency is currently operating or intends to operate a Section 8 Project Based Voucher Based Program. Yes $\boxtimes$ No $\square$
If yes:
Projected number of units: 50
General location(s) (eligible census tracts or areas within eligible census tracts):

#### Location to be determined

How is this action consistent with the PHA Plans?

Project based vouchers are consistent with the agency's PHA Plans since one of the PHA goals is to increase assisted housing choices. Additionally, one of the plan strategies is to pursue housing resources other than public housing or Section 8 tenant-based assistance, for the purpose of increasing the number of affordable housing units. Adding project-based vouchers will enable property owners to add affordable units.

Include the reasons why project basing instead of tenant basing the same number of units is appropriate.

There is a shortage of affordable units that meet housing quality standards (HQS). Providing project based assistance enables property owners to upgrade and/or develop affordable units meeting HQS by leveraging the project based income.



