

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

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# PHA Plans

5 Year Plan for Fiscal Years 2004-2008  
Annual Plan for Fiscal Year 2004

**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:** Charleston County Housing & Redevelopment Authority

**PHA Number:** SC - 056

**PHA Fiscal Year Beginning:** 07/2004

**Public Access to Information**

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

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

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

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2002-2006**  
[24 CFR Part 903.5]

**A. Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- X The PHA's mission is: (state mission here)

The mission of the Charleston County Housing & Redevelopment Authority is to provide quality affordable housing and assist in providing economic opportunities to the low-income citizens of Charleston County.

**B. Goals**

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

**Goal Number I – Aggressively seek new sources of funding for CCHRA initiatives, thereby reducing dependence on HUD for funding support.**

Objectives:

- I-1. Carefully evaluate potential sources of funding for which the agency may be eligible and aggressively pursue all options.
- I-2. Increase revenue by aggressively developing and marketing business opportunities for commercial tenants to lease available space.
- I-3. Pursue cost-saving measures by partnering and/or collaborating with businesses, community agencies, and other organizations.

**Goal Number II – Continue to improve the efficiency and effectiveness of the CCHRA Staff.**

- II-1. Evaluate the adequacy of personnel staffing in light of the CCHRA mission.
- II-2. Continue private sector credentialing of CCHRA staff personnel.
- II-3. Implement a continuous quality improvement program throughout the agency based on criteria in the Malcolm Baldrige National Quality Award.
- II-4. Continue to provide training and professional development opportunities to CCHRA staff, including technical skills, interpersonal communication skills, and supervisory development skills.

**Goal Number III – Establish and implement broad-based programs leading to family independence.**

- III-1. Provide educational opportunities for low-income families.
- III-2. Develop and implement a Home Ownership Program for low-income families.
- III-3. Continue the Individual Development Account (IDA) Program.
- III-4. Develop and implement a program to provide entrepreneurship opportunities for low-income families.

**Goal Number IV -- Provide opportunities for increased academic achievement for youth and adult literacy through educational programs.**

- IV-1. Develop and implement a tutorial program for youth and adult literacy clients using volunteers, contracted services, and community resources to better prepare clients for the workforce and/or higher education.
- IV-2. Expand the ABCDE Program through sponsorship involvement in order to increase the number of participants.

**Goal Number V – Seek opportunities to provide additional housing for low-income residents.**

- V-1. Partner with the Lowcountry Housing and Economic Development Foundation as an avenue for new housing projects.

**Goal Number VI – Provide an increased range of educational, social, and cultural activities to enhance quality of life for residents.**

- VI-1. Work with resident association to develop an annual plan for educational, social, and cultural activities to enhance quality of life for residents.

VI-2. Partner with the Lowcountry Housing and Economic Development Foundation to develop financial resources to provide additional educational, social, and cultural opportunities for residents. **P=JK; S=HW/KG/YW**

**Goal Number VII – Expand and modernize administrative and maintenance facilities to accommodate current and future needs to meet staffing and OSHA requirements,**

VII-1. Develop and implement a comprehensive plan to construct a combination maintenance and administrative facility for the agency.

**Goal Number VIII – Carefully monitor customer service and continue communicating information about CCHRA in order to optimize the agency’s mission.**

VIII-1. Continue to publish and expand the readership of *The Authority* and find alternative funding sources for its publication and circulation.

VIII-2. Aggressively seek-out customer feedback on quality of customer service being provided, both internally and externally, through surveys, comment cards, employee observations, and other feedback methods.

**Annual PHA Plan**  
**PHA Fiscal Year 2003**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

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

**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.

#### Required Attachments:

- A. Admissions Policy for Deconcentration (sc056a02)
- B. FY 2004 Capital Fund Program Annual Statement(sc056d02-sc056r02)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### Optional Attachments:

- C. FY 2004 Capital Fund Program 5 Year Action Plan(sc056d02-sc056r02)
- D. Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)—
- X Other (List below, providing each attachment name):
  1. Resident Membership on CCHRA Governing Board (sc056b02)
  2. Membership of the Resident Advisory Boards (sc056c02)
  3. CCHRA Pet Ownership Policy—*included in text*
  4. Fiscal Year 2001 and 2002 Capital Fund Annual Statements(sc056d02-sc056r02)

### 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
	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	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 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> 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 X 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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X 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 X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant	Annual Plan: Capital Needs



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Program Annual Statement (HUD 52837) for the active grant year	
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
N/a	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
N/a	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/a	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/a	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
N/a	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/a	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
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
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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	7,251	5	5	4	4	1	3
Income >30% but <=50% of AMI	4,819	4	4	4	4	2	3
Income >50% but <80% of AMI	4,850	3	3	4	3	2	3
Elderly	2,498	5	4	4	4	1	5
Families with Disabilities	N/A	5	3	3	5	1	5
Race/Ethnicity	N/A	4	4	3	4	2	2
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2002
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	328		
Extremely low income <=30% AMI	227	69%	
Very low income (>30% but <=50% AMI)	93	28%	
Low income (>50% but <80% AMI)	0		
Families with children	308	94%	
Elderly families	13	4%	
Families with Disabilities	7	2%	
Race/ethnicity (Cau)	70	21%	
Race/ethnicity(A/A)	258	79%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			

Housing Needs of Families on the Waiting List			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 9			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Emergency housing)			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	395		
Extremely low income <=30% AMI	372	95%	
Very low income (>30% but <=50% AMI)	19	5%	
Low income (>50% but <80% AMI)	4	1%	
Families with children	285	73%	
Elderly families	70	15%	
Families with Disabilities	117	30%	
Race/ethnicity (Cau)	73	19%	
Race/ethnicity(A/A)	317	81%	
Race/ethnicity(Hisp)	3	1%	
Race/ethnicity	1	1%	
Characteristics by Bedroom Size (Public Housing)			

<b>Housing Needs of Families on the Waiting List</b>			
Only)			
1BR	110		
2 BR	0		
3 BR	270		
4 BR	15		
5 BR			
5+ BR			
Is the waiting list closed (select one)? No Yes X (Single family 3& 4 bedroom) If yes: How long has it been closed (# of months)? Dec 20, 2001 Does the PHA expect to reopen the list in the PHA Plan year? No X Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X No Yes			

### **C. Strategy for Addressing Needs**

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

#### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

- X Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X Reduce turnover time for vacated public housing units
- X 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
- X Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

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

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- X Funding constraints
- X Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- X Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- X 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.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2002 grants)</b>		
a) Public Housing Operating Fund	\$423768.00	
b) Public Housing Capital Fund	396022.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	5,090,193.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	None	



<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	\$ 359265.00	
<b>3. Public Housing Dwelling Rental Income</b>		
	705,335.00	Public Housing Operations
<b>4. Other income (list below)</b>		
Investment Income	6,832.00	Public Housing Operations
<b>4. Non-federal sources (list below)</b>		
Commercial space leases	36,035.00	Public Housing Operations
<b>Total resources</b>	<b>\$7,017,450.00</b>	

### **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 3A.

**(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- X Other: (describe):  
At the time a family has been offered a unit

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- X Criminal or Drug-related activity
- X Rental history
- X Housekeeping
- Other (describe)

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

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

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

**(2)Waiting List Organization**

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

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

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

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

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

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

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

**(4) Admissions Preferences**

- a. Income targeting:
- Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- X Emergencies
  - Overhoused

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

- X 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
- X 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)
- X Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below):

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 1  Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- 1  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)
- 1  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
- X 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)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- Other source (list)

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

## **B. Section 8**

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

### **(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation  
 Criminal and drug-related activity, more extensively than required by law or regulation  
 More general screening than criminal and drug-related activity (list factors below)  
 Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity  
 Other (describe below)

### **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None

- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- X 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:  
If housing is difficult to find

**(4) Admissions Preferences**

a. Income targeting

Yes X 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. X Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

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

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness



High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

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

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- 1. Other preference(s) (list below):  
Emergencies stemming from natural or man-made disasters

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application  
 Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD  
 The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers  
 Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan  
X Briefing sessions and written materials  
X Other (list below):  
Family Unification program

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices  
X Other (list below):  
Through a partnership with DSS

### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

#### **A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

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

Other (describe below)

e. Ceiling rents

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

X 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)

X 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)

X 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 income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below): Any time a family experiences a change in family composition.

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

**(2) Flat Rents**

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

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

**B. Section 8 Tenant-Based Assistance**

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

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

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

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

- Annually
- Other (list below)

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

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

**(2) Minimum Rent**

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

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

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

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

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

**B. HUD Programs Under PHA Management**

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	399	
Section 8 Vouchers	1079	
Section 8 Certificates	0	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Other Federal		

Programs(list individually)		

**C. Management and Maintenance Policies**

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

- (1) Public Housing Maintenance and Management: (list below)
  - \* Maintenance Plan
- (2) Section 8 Management: (list below)
  - \* Administrative Plan

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

**B. Section 8 Tenant-Based Assistance**



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

If yes, list additions to federal requirements below:

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

- X PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

#### **(1) Capital Fund Program Annual Statement**

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan
- X The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

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

- a. X Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)



## Optional Public Housing Asset Management Table

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

<b>Public Housing Asset Management</b>						
<b>Development Classification</b>	<b>Activity Description</b>					
Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion  <i>Component 10</i>	Home- ownership <i>Component 11a</i>

## Optional Public Housing Asset Management Table

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

<b>Public Housing Asset Management</b>						
<b>Development Classification</b>	<b>Activity Description</b>					
Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion  <i>Component 10</i>	Home- ownership <i>Component 11a</i>


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

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

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

- 1. Development name:
- 2. Development (project) number:
- 3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

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

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Joseph Floyd Manor
1b. Development (project) number:	SC-056-01
2. Designation type:	Occupancy by only the elderly X Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application X
4. Date this designation approved, submitted, or planned for submission:	(30/12/04)
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan X Revision of a previously-approved Designation Plan?
6. Number of units affected:	
7. Coverage of action (select one)	

- Part of the development  
 Total 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 Description

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

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)	

Activities pursuant to HUD-approved Conversion Plan underway

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

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

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

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

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

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

1.  Yes X No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

### **2. Activity Description**



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

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

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (l)]

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

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

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? DD/MM/YY

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

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

### **B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

Yes X 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. )

<b>Services and Programs</b>				
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)


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

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	N/A	N/A
Section 8	29	20 as of 01/02/2004

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

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - X Informing residents of new policy on admission and reexamination
  - X Actively notifying residents of new policy at times in addition to admission and reexamination.
  - X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - X Establishing a protocol for exchange of information with all appropriate TANF agencies
  - X Other: (list below):  
Memorandum of agreement/cooperation between CCHRA (Public Housing Agency) and Volunteer Center (Welfare agency)

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



Charleston County Housing and Redevelopment Authority  
P.O. Box 6188, 2106 Mt. Pleasant St., Charleston, SC 29405-6188  
(843) 722-1942 FAX (843) 577-6825

**COMMUNITY SERVICE & SELF-SUFFICIENCY REQUIREMENT POLICY**

In order to comply with Subpart F of 24 CFR, part 960, the Charleston County Housing & Redevelopment Authority (CCHRA) has adopted and implemented this Community Service and Self-Sufficiency (CS/SS) policy. This policy shall be incorporated into the Authority's Agency Annual Plan and Public Housing ACOP. Regulations require that each non-exempt adult (ages 18 years and older) public housing resident must perform eight (8) hours of community service or participate in a self-sufficiency program per month.

**I. Community Service and Family Self-Sufficiency Requirement**

As a condition of continued occupancy, excluding residents under paragraph II below, each adult (18 years and older) resident of the Housing Authority shall:

- A. Contribute eight (8) hours per month of community service (not including political activities); or
- B. Participate in an economic self-sufficiency program for eight (8) hours each month.
- C. A combination of both community service and self-sufficiency activities.

**II. Exemptions**

Exemptions to the above requirement are those:

- A. Persons 62 years of age or older;
- B. Blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42U.S.C. 416(i)(1); 138c) and who certify that because of this disability they are unable to comply with the service provisions; or primary caretakers of such individuals.

- C. Engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d), specified below:
1. Unsubsidized employment;
  2. Subsidized private-sector employment;
  3. Subsidized public-sector employment;
  4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
  5. On-the-job training;
  6. Job-search and job-readiness assistance;
  7. Community service programs;
  8. Vocational educational training (not to exceed 12 months with respect to any individual);
  9. Job-skills training directly related to employment;
  10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
  11. Satisfactory attendance in a secondary school or in a course of study leading to a certificate of general equivalence, in the case of the recipient who has not completed secondary school or received such a certificate; and
  12. The provision of childcare services to an individual who is participating in a community service program.

Upon determination of initial status, CCHRA will notify all residents of their status and explain that at their next reexamination all adults will be required to sign an agreement certifying that all information is correct and/or provide the housing authority with current verifiable information.

### **III. Annual Determinations**

For each public housing resident, CCHRA shall, thirty (30) days before the expiration of each lease of the resident, review and determine the compliance of the resident with the requirement. Such determinations shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

### **IV. Proof of Compliance**

Each head of household must present to the Charleston County Housing and Redevelopment Authority's Resident Services Department documentation that he/she and all other persons 18 years of age or older living in the household, who are not exempt, have complied with this policy. Documentation shall be in the form prescribed by CCHRA.

## **V. Noncompliance**

If CCHRA determines that a resident subject to the requirement is non-compliant, the housing authority shall notify the resident in writing of such noncompliance. The written notification shall state that the determination of noncompliance is subject to administrative grievance procedure and that failure by the resident to enter into an agreement, before the expiration of the lease term, to cure any noncompliance by participating in an economic self-sufficiency program for, or contributing to community service, as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease, or removing from the household the individual who is non-compliant may be cause for lease termination.

The Charleston County Housing Authority shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member subject to the requirement who has been determined to be not compliant with the requirement and has failed to attempt to cure the noncompliance.

## **VI. Implementation**

This policy shall go into effect on July 1, 2003. All residents will be notified in writing by July 31, 2003 of the requirement and their current exempt/non-exempt status. By October 31, 2003, CCHRA will assure that all affected residents are performing their community service or self-sufficiency requirement. Residents shall be required to sign a new lease or lease addendum at the time of their next re-examination (interim or annual). Residents will be briefed on the CS requirement, exempt/nonexempt status and procedure of complying with the requirement. Residents will be required to sign an agreement that they understand that compliance with this policy is a condition of continued occupancy and that if there is a change in their exempt status they must notify CCHRA immediately.

All new applicants will be informed of the requirement, exempt/nonexempt status and procedure for complying with the requirement. Applicants will be required to sign an agreement as described in the above paragraph.

In order to determine the initial status of individual residents, CCHRA will review the most current documentation in the residents' file concerning age, disability, employment status, and compliance with welfare requirements.

The Authority will provide the welfare department with a list of all welfare recipients and ask that the Agency certify to the fact that all residents on the list are in compliance with welfare requirements.

## VII. Eligible Activities

Community service is the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community.

Community service does not include political activities. The Charleston County Housing and Redevelopment Authority will provide each household member, 18 years and older, with a copy of the Community Service Policy, A list of Community Service Providers and a Certification Form.

# CCHRA Community Service Plan

### **Background:**

The Department of Housing & Urban Development reinstated the Community Service and Self-Sufficiency requirement for FY 2004. All non-exempt residents (residents ages 18 and older, who are **not** elderly, disabled, employed, participating in a job training program, full-time student, or exempt from work requirements under state welfare programs) are required to complete 8 hours of community services each month. PHAs are required to develop and implement and Community Service Plan, notify residents of the Community Service requirement and monitor compliance.

### **Objective:**

Charleston County Housing & Redevelopment Authority will implement a monitoring plan to assist non-exempt resident with meeting the requirements for Community Service in order to promote self-sufficiency.

### **Action Pan:**

- 1) Public Housing will identify non-exempt residents (ages 18 and older, who are **not** disabled, elderly, disabled, employed, participating in a job training program, full-time student, or exempt from work requirements under state welfare programs).
- 2) Public Housing will provide the Resident Services Department with a list of residents required to perform Community Service (herein referred to as "*Mandatory Residents*").
- 3) Public Housing will mail notices to mandatory residents informing of the Community Services requirements and contact person (Resident Services Department). PH will also incorporate this information in its resident orientation to elaborate on the Community Service Requirement.



- 4) Resident Services Department will develop an approved list of Community Service Resources for Mandatory Residents.
- 5) Resident Services Department will develop a Community Service tracking system.
- 6) Resident Services will maintain mandatory residents *monthly certification form* and provide a copy to Public Housing. Public Housing will maintain the mandatory residents' *annual certification form*, in the resident's file to monitor compliance.
- 7) Public Housing will review Community Service files with Resident Services Department monthly (first week of each month) to determine compliance.
- 8) Public Housing will send ***notices of non-compliance*** to residents who have not met the monthly eight (8) hours Community Service requirement and reason for the determination (e.g. insufficient hours, lack of certification, fraud, etc.). Public Housing will explain that the lease may not be renewed at the end of the 12-month term unless compliance is met.
- 9) Cure & Remedy: Public Housing will offer the resident a cure and remedy for non-compliance. Public Housing will enter into a written agreement with the resident stating how compliance will be met. The agreement will include:
  - A. Hours required and time frame for completion
  - B. Statement that all family members must comply or that the non-compliant resident no longer lives in the unit.
  - C. Reference to Public Housing's *Grievance Procedure*.
- 10) At re-certification, Public Housing will determine continued eligibility to include consideration of completion of total required 96 hours of Community Service.
- 11) Public Housing will notify residents if there is a decision not to renew the lease because of non-compliance.
- 12) Public Housing will notify Resident Services of mandatory residents who become ineligible for continued housing assistance.
- 13) Resident Services will note file and remove resident from mandatory list for Community Service.

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

- 56-01 Joseph Floyd Manor
- 56-07 Brighton Place

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

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

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities

- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- X Other (describe below)
  - A. Continue a "one strike" policy.
  - B. Continue to enforce strict lease policies and procedures.
  - C. Conduct criminal history record checks on all applicants and at re-certification all tenants age 18 and over.
  - D. Appropriate local Police authorities are aware of CCHRA public housing developments and provide pertinent police reports, criminal intelligence and other crime prevention data to the Deputy Sheriff on staff.
  - E. In association with a local Community College assists tenant dependants with tuition costs for training.
  - F. Continue training for all Public Housing tenants which includes crime prevention techniques and drug awareness sessions.
  - G. Establish "Crime Watch" program at Projects 56-01 and 56-07 and encourage full participation of scatter site tenants in the "Crime Watch" programs in their respective neighborhoods.

2. Which developments are most affected? (list below)
- 56-01 Joseph Floyd Manor
  - 56-07 Brighton Place

**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
- X Police regularly meet with the PHA management and residents
- X 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)
- 56-01 Joseph Floyd Manor
  - 56-07 Brighton Place

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

#### **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

Resolution 99-22, passed by the Charleston County Housing and Redevelopment Authority Board of Commissioners on September 22, 1999, and updated annually, permits the Admission and Continued Occupancy Policy to be amended to allow public housing residents to own pets on CCHRA property.

### **CHARLESTON COUNTY HOUSING AND REDEVELOPMENT AUTHORITY**

#### **ADMISSION AND CONTINUED OCCUPANCY POLICY**

##### **AMENDMENT TO PUBLIC HOUSING PET POLICY AMENDMENT**

- **EXCLUSIONS**

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than imposed on all tenants to maintain their units and associated facilities in a decent, safe and sanitary manner and to refrain from disturbing their neighbors.

- **APPROVAL**

Residents must have the prior approval of the Housing Authority before moving a pet into their home. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request. Once approval has been made, the resident / pet owner must complete and sign a Pet Agreement.

- **TYPES OF PETS AND NUMBER OF PETS ALLOWED**

The CCHRA will allow only domesticated dogs, cats, birds, and fish in aquariums in units. All dogs and cats must be spayed and neutered. No farm animals, breeding animals, wild or feral animals or animals' considered exotic by state of South Carolina will not be allowed. Some examples of exotic animals are, but are not limited to, monkeys, certain species of birds such as raptors, tarantulas, scorpions, poisonous snakes, or any animals not normally domesticated.

- **TYPES OF PETS AND NUMBER OF PETS ALLOWED (CONTINUED)**

Maximum of two (2) pets allowed per unit.

Any animals deemed to be potentially harmful or safety of others, including attack or fight trained dogs, will not be allowed.

- **INOCULATIONS**

In order to be registered, pets must be appropriately inoculated against rabies and other conditions prescribed by local ordinances. Resident must be able provide written verification of inoculation by Veterinarian, upon request by Landlord.

- **PET DEPOSIT AND FEE**

A \$125.00 deposit is required at the time of registering a pet and is **refundable**, providing there is not any damage done to the premises by the animal.

A \$ 75.00 is **a non-refundable pet fee is also required at the time of registering the pet.**

This combined pet deposit and fee in the amount of \$ 200.00 is due per pet, per cage or per each fish tank.

- **FINANCIAL OBLIGATION OF RESIDENTS**

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the CCHRA reserves the right to exterminate and charge the resident.

- **NUISANCE OR THREAT TO HEALTH AND SAFETY OF OTHERS**

The pet(s) and it's living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the pet owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or CCHRA personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance will result in the owner having to remove the pet or vacate the premises entirely.

- **DESIGNATION OF PET AREAS**

Pets must be kept in the owner's apartment or on a leash at all times when outside (no outdoor cages may be constructed). Pets will be allowed only in designated areas on the grounds of the projects. Pet owners must clean up after their pets and are responsible for disposing of pet waste.

- **VISITING PETS**

Pets that meet the criteria outlined above may visit the projects/buildings where pets are allowed for up to two weeks without CCHRA approval. Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the Lease, the tenant will be required to remove the visiting pet.

### **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. X Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. X Yes  No: Was the most recent fiscal audit submitted to HUD?
3. Yes X No: Were there any findings as the result of that audit?
4.  Yes X No: If there were any findings, do any remain unresolved?

- If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1. X Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
- Not applicable  
 Private management  
 Development-based accounting  
X Comprehensive stock assessment  
 Other: (list below)
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)

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

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

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

### 3. Description of Resident Election Process

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

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

#### b. Eligible candidates: (select one)

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

#### c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- X Other (list):  
Members of resident organizations described in 3(a) above.

## C. Statement of Consistency with the Consolidated Plan



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

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

**D. Other Information Required by HUD**

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

## Attachments

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

**PHA Plan  
Table Library**

# **CHARLESTON COUNTY HOUSING & REDEVELOPMENT AUTHORITY**

## **DECONCENTRATION POLICY**

### **SELECTION FROM THE WAITING LIST**

The Charleston County Housing Authority shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income. To insure this requirement is met, we shall quarterly monitor the incomes of newly admitted families as well as of families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families.

If there are not enough extremely low-income families on the waiting list, we will conduct outreach on a non-discriminatory basis to attract extremely low-income families in order to reach the statutory requirement.

### **DECONCENTRATION POLICY**

It is the Charleston County Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments.

Toward this end, we will skip over families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The Charleston County Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

MEMBERS OF THE SECTION 8 HOUSING

RESIDENT ADVISORY BOARD

2003

**NAME**

GLEND A SIMMONS

DORETH A JACKSON

NATASH A FERRETTE

MARIA LAW

PATRICIA RIVERS

JULIA MARSHALL (COMMISSIONER)

Public Housing Resident Advisory Board Membership

2003

1. Ms. Christina Blocker (JFM Tenants Assoc. V. President)
2. Mr. Gilbert Nelson (BP Residents Assoc. President)
3. Lela Evans
4. Ellen Grampus
5. LaSonia Gallashaw

## **Resident Membership on CCHRA Governing Board**

- 1. Name:** Ms. Julia Marshall  
**Method of Selection:** Appointment  
**Term of Appointment:** Through June 6, 2005
- 2. Name:** Ms. Ada Kelly  
**Method of Selection:** Appointment  
**Term of Appointment:** Through July 15, 2005

# Annual Statement/Performance and Evaluation Report

Part I: Summary  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA Name: <b>Charleston County Housing and Redevelopment Authority</b>	Capital Fund Number SC16PO56501-00	FFY of Grant Approval 2000
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Original Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number  Performance & Evaluation Report for Program Year Ending 12/31/2003\_ Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0	\$0		
2	1408 Management Improvements	\$97,635	\$0	\$97,635.00	\$97,635.00
3	1410 Administration	\$49,585	\$0	\$49,585	\$40,060.20
4	1411 Audit	\$0	\$0	\$0	\$0.00
5	1415 Liquidated Damages	\$0	\$0	\$0	\$0.00
6	1430 Fees and Costs	\$15,508	\$0	\$15,508	\$15,508.00
7	1440 Site Acquisition	\$0	\$0	\$0	\$0.00
8	1450 Site Improvement	\$0	\$0	\$0	\$0.00
9	1460 Dwelling Structures	\$302,618	\$0	\$302,618	\$288,162.35
10	1465.1 Dwelling Equipment - Nonexpendable	\$30,505	\$0	\$30,505.00	\$15,320.48
11	1470 Nondwelling Structures	\$0	\$0	\$0	\$0.00
12	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0.00
13	1495.1 Relocation Costs	\$0	\$0	\$0	\$0.00
14	1490 Replacement Reserve	\$0	\$0	\$0	\$0.00
15	1502 Contingency (may not exceed 8% of Line 16)	\$0	\$0	\$0	\$0.00
<b>16</b>	<b>Amount of Annual Grant (Sum of Lines 2-15)</b>	<b>\$495,851</b>	<b>\$0</b>	<b>\$495,851.00</b>	<b>\$456,686.03</b>
17	Related LBP Activities	\$0	\$0	\$0	\$0
18	Amount of Line 16 Related to Section 504 Compliance	\$0	\$0	\$0	\$0
19	Amount of Line 16 Related to Security	\$0	\$0	\$0	\$0
20	Amount of Line 16 Related to Energy Conservation Measures	\$0	\$0	\$0	\$0

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

Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

**Annual Statement/Performance  
and Evaluation Report**

Part II: Supporting Pages  
Capital Fund Program

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

Capital Fund Number FFY of Grant Approval  
SC16PO567501-00 2001

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development		Total Estimated Cost		Total Actual Cost		Status of Proposed Work
		Account Number	Quantity	Original	Revised (1)	Funds	Funds	
						Obligated (2)	Expended	
SC56-1 Joseph Floyd Manor	Handicap and Parking lot coating	1460	1	\$2,670		\$2,670	\$0	
	Kitchen and Bathroom Renovations	1460	7	\$129,885		\$129,885	\$129,885	
	Sandblast/ Paint Fire Escape @JFM	1460	1	\$2,200		\$2,200	\$155	
	Maintenance Building (final phase)	1460	1	\$0		\$0	\$0	
	Replace floor coverings at public areas	1460	6	\$85,500		\$85,500	\$83,295	
	PM Mechanical Systems	1460	1	\$11,800		\$11,800	\$4,883	
	PM Fire Alarm System	1460	1	\$8,200		\$8,200	\$8,200	
	PM Elevators	1460	2	\$10,800		\$10,800	\$10,800	
	Appliances Replacements	1465.1	31	\$14,880		\$14,880	\$11,695	
<b>SUBTOTAL</b>				<b>\$265,935</b>	<b>\$0</b>	<b>\$265,935</b>	<b>\$248,913</b>	
SC56-7 Brighton Place	Replace Appliamces	1465.1	25	\$15,625		\$15,625	\$3,626	
	Wrought iron security fence/gates at BP	1460		\$31,979		\$31,979	\$31,821	
	Additional Lights at ParkingLot	1460	19	\$461		\$461	\$0	
<b>SUBTOTAL</b>				<b>\$48,065</b>	<b>\$0</b>	<b>\$48,065</b>	<b>\$35,447</b>	
SC56-12 Single Family Dwelling	Paint Exterior Woodwork and Trim	1460	11	\$5,930		\$5,930	\$5,930	
	Roof replacements	1460	4	\$8,516		\$8,516	\$8,516	
<b>SUBTOTAL</b>				<b>\$14,446</b>	<b>\$0</b>	<b>\$14,446</b>	<b>\$14,446</b>	
SC56-13 Single Family Dwelling	Paint Exterior Woodwork and Trim	1460	14	\$0	\$0	\$0	\$0	
	<b>SUBTOTAL</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

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

Signature of Executive Director and Date  
  
Montez C. Martin, Jr., Executive Director

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



**Annual Statement/Performance  
and Evaluation Report**

Part II: Supporting Pages  
Capital Fund Program (CFP)

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

Development Number/ Name HA - Wide Activities	General Description of Major Work Categories	Development		Total Estimated Cost		Total Actual Cost		Status of Proposed Work
		Account Number	Quantity	Original	Revised (1)	Funds Obligated (2)	Funds Expended	
SC56-15 Single family Housing	Replace HVAC Systems	1460	3	\$3,677		\$3,677	\$3,677	
	Replace sewer Lines	1460	6	\$1,000		\$1,000	\$1,000	
	Paint Exterior Woodwork and Trim	1460	19	\$0		\$0	\$0	
	<b>SUBTOTAL</b>			<b>\$4,677</b>	<b>\$0</b>	<b>\$4,677</b>	<b>\$4,677</b>	
	A&E Fees	1430.1	1	\$13,500		\$13,500	\$13,500	
	Sundry Planning Costs	1430.19	1	\$2,008		\$2,008	\$2,008	
	<b>SUBTOTAL</b>			<b>\$15,508</b>	<b>\$0</b>	<b>\$15,508</b>	<b>\$15,508</b>	
PHA Wide Admin.	Employee Benefits Contribution	1410.1	1	\$49,585		\$49,585	\$40,060	
	<b>SUBTOTAL</b>			<b>\$49,585</b>	<b>\$0</b>	<b>\$49,585</b>	<b>\$40,060</b>	
PHA Wide Manangement Improvement	Vehicle	1408	1	\$4,413		\$4,413	\$4,413	
	Staff Training	1408	1	\$9,500		\$9,500	\$9,500	
	Computer Hardware Software	1408	1	\$24,887		\$24,887	\$24,887	
	Lawn Maintenance Equipment	1408	3	\$2,335		\$2,335	\$2,335	
	Modernization Coordinator	1408	1	\$32,000		\$32,000	\$32,000	
	PM Inspector	1408	1	\$24,500		\$24,500	\$24,500	
	<b>SUBTOTAL</b>			<b>\$97,635</b>	<b>\$0</b>	<b>\$97,635</b>	<b>\$97,635</b>	
	<b>GRAND TOTAL</b>			<b>\$495,851</b>	<b>\$0</b>	<b>\$495,851</b>	<b>\$456,686</b>	

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Signature of Executive Director and Date  
  
Montez C. Martin, Jr., Executive Director

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

# Annual Statement/Performance and Evaluation Report

Part I: Summary  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA Name: <b>Charleston County Housing and Redevelopment Authority</b>	Capital Fund Number SC16PO56501-01	FFY of Grant Approval 2001
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Original Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number  5 Performance & Evaluation Report for Program Year Ending 12/31/03\_ Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0	\$0		
2	1408 Management Improvements	\$97,800	\$0	\$97,800	\$83,477.18
3	1410 Administration	\$49,585	\$0	\$49,585	\$18,385.30
4	1411 Audit	\$0	\$0	\$0	\$0
5	1415 Liquidated Damages	\$0	\$0	\$0	\$0
6	1430 Fees and Costs	\$15,939	\$0	\$15,939	\$15,939.00
7	1440 Site Acquisition	\$0	\$0	\$0	\$0
8	1450	\$0	\$0	\$0	\$0
9	1460 Dwelling Structures	\$311,959	\$0	\$311,959	\$263,413.84
10	1465.1 Dwelling Equipment - Nonexpendable	\$30,505	\$0	\$30,505	\$30,505.00
11	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
12	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
13	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
14	1490 Replacement Reserve	\$0	\$0	\$0	\$0
15	1502 Contingency (may not exceed 8% of Line 16)	\$0	\$0	\$0	\$0
<b>16</b>	<b>Amount of Annual Grant (Sum of Lines 2-15)</b>	<b>\$505,788</b>	<b>\$0</b>	<b>\$505,788</b>	<b>\$411,720.32</b>
17	Related LBP Activities	\$0	\$0	\$0	\$0
18	Amount of Line 16 Related to Section 504 Compliance	\$0	\$0	\$0	\$0
19	Amount of Line 16 Related to Security	\$0	\$0	\$0	\$0
20	Amount of Line 16 Related to Energy Conservation Measures	\$0	\$0	\$0	\$0

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

Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

# Annual Statement/Performance and Evaluation Report

Part I: Summary  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA Name: <b>Charleston County Housing and Redevelopment Authority</b>	Capital Fund Number SC16PO56501-04	FFY of Grant Approval 2004
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Original Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number  Performance & Evaluation Report for Program Year Ending  Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0	\$0		
2	1408 Management Improvements	\$79,200	\$0	\$0	\$0
3	1410 Administration	\$39,600	\$0	\$0	\$0
4	1411 Audit	\$0	\$0	\$0	\$0
5	1415 Liquidated Damages	\$0	\$0	\$0	\$0
6	1430 Fees and Costs	\$11,844	\$0	\$0	\$0
7	1440 Site Acquisition	\$0	\$0	\$0	\$0
8	1450 Site Improvement	\$0	\$0	\$0	\$0
9	1460 Dwelling Structures	\$218,778	\$0	\$0	\$0
10	1465.1 Dwelling Equipment - Nonexpendable	\$46,600	\$0	\$0	\$0
11	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
12	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
13	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
14	1490 Replacement Reserve	\$0	\$0	\$0	\$0
15	1502 Contingency (may not exceed 8% of Line 16)	\$0	\$0	\$0	\$0
<b>16</b>	<b>Amount of Annual Grant (Sum of Lines 2-15)</b>	<b>\$396,022</b>	<b>\$0</b>	<b>\$0.00</b>	<b>\$0</b>
17	Related LBP Activities			\$0	\$0
18	Amount of Line 16 Related to Section 504 Compliance	\$0	\$0	\$0	\$0
19	Amount of Line 16 Related to Security	\$0	\$0	\$0	\$0
20	Amount of Line 16 Related to Energy Conservation Measures	\$0	\$0	\$0	\$0

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Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

# Annual Statement/Performance and Evaluation Report

Part I: Summary  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA Name: <b>Charleston County Housing and Redevelopment Authority</b>	Capital Fund Number SC16PO56501-04	FFY of Grant Approval 2004
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Original Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number  Performance & Evaluation Report for Program Year Ending  Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0	\$0		
2	1408 Management Improvements	\$79,200	\$0	\$0	\$0
3	1410 Administration	\$39,600	\$0	\$0	\$0
4	1411 Audit	\$0	\$0	\$0	\$0
5	1415 Liquidated Damages	\$0	\$0	\$0	\$0
6	1430 Fees and Costs	\$11,844	\$0	\$0	\$0
7	1440 Site Acquisition	\$0	\$0	\$0	\$0
8	1450 Site Improvement	\$0	\$0	\$0	\$0
9	1460 Dwelling Structures	\$218,778	\$0	\$0	\$0
10	1465.1 Dwelling Equipment - Nonexpendable	\$46,600	\$0	\$0	\$0
11	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
12	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
13	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
14	1490 Replacement Reserve	\$0	\$0	\$0	\$0
15	1502 Contingency (may not exceed 8% of Line 16)	\$0	\$0	\$0	\$0
<b>16</b>	<b>Amount of Annual Grant (Sum of Lines 2-15)</b>	<b>\$396,022</b>	<b>\$0</b>	<b>\$0.00</b>	<b>\$0</b>
17	Related LBP Activities			\$0	\$0
18	Amount of Line 16 Related to Section 504 Compliance	\$0	\$0	\$0	\$0
19	Amount of Line 16 Related to Security	\$0	\$0	\$0	\$0
20	Amount of Line 16 Related to Energy Conservation Measures	\$0	\$0	\$0	\$0

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

Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

**Annual Statement/Performance  
and Evaluation Report**

Part II: Supporting Pages  
Capital Fund Program

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

Capital Fund Number FFY of Grant Approval  
SC16PO567501-03 2003

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development		Total Estimated Cost		Total Actual Cost		Status of Proposed Work
		Account Number	Quantity	Original	Revised (1)	Funds Obligated (2)	Funds Expended	
SC56-1 Joseph Floyd Manor	Install Autoutomatic Security Gates with Key cards at JFM	1460	2	\$5,000	\$0			
	Replace Andover Controls @JFM	1460	40	\$48,000	\$0			
	Replace Boiler Pumps at JFM	1460	4	\$4,700	\$0			
	PM Mechanical Systems	1460	1	\$11,800	\$0			
	PM Fire Alarm System	1460	1	\$12,100	\$0			
	PM Elevators	1460	2	\$10,800	\$0			
	Appliances Replacements	1465.1	24	\$14,880	\$0			
<b>SUBTOTAL</b>				<b>\$107,280</b>	<b>\$0</b>			
SC56-7 Brighton Place	Automatic Gates and Key Cards		2	\$4,000				
	Replace HVAC Unit at Community Room		1	\$5,000				
	Replace throu-wall HVAC System at Units		10	\$8,700				
	Pressure Wash Buildings Exterior		11	\$1,800				
	Replace Appliamces	1465.1	13	\$7,600				
	Replace Roof Shingles and Ridge Vents	1460	4	\$38,000				
<b>SUBTOTAL</b>				<b>\$65,100</b>	<b>\$0</b>			
SC56-12 Single Family Dwelling	Structural Rotted Wood Replacement	1460	2	\$18,000				
	Roof Shingle Replacements	1460	4	\$14,000	\$0			
	Replace Appliances	1465.1	15	\$8,000				
<b>SUBTOTAL</b>				<b>\$40,000</b>	<b>\$0</b>			
SC56-13 Single Family Dwelling	Roof Shingle Replacements	1460	5	\$11,878				
	Structural Rotted wood Replacement	1460	2	\$5,500	\$0			
	Replace Appliances	1465.1	10	\$6,820				
<b>SUBTOTAL</b>				<b>\$24,198</b>	<b>\$0</b>			

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

Signature of Executive Director and Date  Montez C. Martin, Jr., Executive Director	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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# Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages

Capital Fund Program (CFP)

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

Development Number/ Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended	
SC56-15 Single family Housing	Roof Shingle Replacement	1460	5	\$11,500				
	Replace Appliances	1465		\$9,300				
	Rotted Wood Replacement	1460	5	\$8,000				
	<b>SUBTOTAL</b>			<b>\$28,800</b>	<b>\$0</b>			
PHA Wide Admin.	A&E Fees	1430.1	1	\$9,963				
	Sundry Planning Costs	1430.19	1	\$1,881				
	<b>SUBTOTAL</b>			<b>\$11,844</b>	<b>\$0</b>			
	Employee Benefits Contribution	1410.1	1	\$39,600				
	<b>SUBTOTAL</b>			<b>\$39,600</b>	<b>\$0</b>			
PHA Wide Managemene Improvements	Vehicle	1408	1	\$18,017	\$0			
	Staff Training	1408	1	\$6,669	\$0			
	Computer Hardware Software	1408	1	\$8,012	\$0			
	Lawn Maintenance Equipment	1408	3	\$2,142	\$0			
	Modernization Coordinator	1408	1	\$25,187	\$0			
	PM Inspector	1408	1	\$19,173	\$0			
	<b>SUBTOTAL</b>			<b>\$79,200</b>	<b>\$0</b>			
	<b>GRAND TOTAL</b>			<b>\$396,022</b>	<b>\$0</b>			

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Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

**Annual Statement/  
Performance and Evaluation**  
Part III: Implementation Schedule  
Capital Fund Program (CFP)  
SC16P056501-02

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

Capital Fund Number  
SC16PO56501-02

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
SC16PO56-1 Joseph Floyd Manor	6 30/ 04			6/30/ 06			
SC16PO56-7 Brighton Place	6/ 30/ 04			6/ 30/ 06			
SC16PO56-12 Sgl. Family Dwelling	6/30/ 04			6/ 30/ 06			
SC16PO56-13 Sgl. Family Dwelling	6/ 30/ 04			6/ 30/ 06			
SC16P056-15 Sgl. Family Dwelling	6/ 30/ 04			6/ 30/ 06			

Signature of Executive Director and Date

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

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

**Annual Statement/  
Performance and Evaluation**  
Part III: Implementation Schedule  
Capital Fund Program (CFP)  
SC16P056501-03

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

Capital Fund Number  
SC16PO56501-03

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
SC16PO56-1 Joseph Floyd Manor	9 30/ 05			9/30/ 07			
SC16PO56-7 Brighton Place	9/ 30/ 05			9/ 30/ 07			
SC16PO56-12 Sgl. Family Dwelling	9/30/ 05			9/ 30/ 07			
SC16PO56-13 Sgl. Family Dwelling	9/ 30/ 05			9/ 30/ 07			
SC16P056-15 Sgl. Family Dwelling	9/ 30/ 05			9/ 30/ 07			

Signature of Executive Director and Date

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

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**Annual Statement/  
Performance and Evaluation**  
Part III: Implementation Schedule  
Capital Fund Program (CFP)  
SC16P056501-04

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

Capital Fund Number  
SC16PO56501-04

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
SC16PO56-1 Joseph Floyd Manor	6 30/ 06			6 /30/ 08			
SC16PO56-7 Brighton Place	6/ 30/ 06			6/ 30/ 08			
SC16PO56-12 Sgl. Family Dwelling	6/30/ 06			6/ 30/ 08			
SC16PO56-13 Sgl. Family Dwelling	6/ 30/ 06			6/ 30/ 08			
SC16P056-15 Sgl. Family Dwelling	6/ 30/ 06			6/ 30/ 08			

Signature of Executive Director and Date

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

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**Annual Statement/Performance  
and Evaluation Report**

Part II: Supporting Pages  
Capital Fund Program

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

Capital Fund Number FFY of Grant Approval  
SC16PO567501-01 2001

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development		Total Estimated Cost		Total Actual Cost		Status of Proposed Work
		Account Number	Quantity	Original	Revised (1)	Funds Obligated (2)	Funds Expended	
SC56-1 Joseph Floyd Manor	Intercom System at Corridors	1460	1	\$0		\$0	\$0	
	Kitchen and Bathroom Renovations	1460	7	\$154,415		\$154,415	\$154,415	
	Replace floor coverings at public areas	1460	6	\$0		\$0	\$0	
	PM Mechanical Systems	1460	1	\$9,113		\$9,113	\$9,113	
	PM Fire Alarm System	1460	1	\$12,634		\$12,634	\$12,634	
	PM Elevators	1460	2	\$12,953		\$12,953	\$12,953	
	Appliances Replacements	1465.1	31	\$14,880		\$14,880	\$14,880	
	Replace air handler for JFM Lobby	1460		\$9,034		\$9,034	\$9,034	
<b>SUBTOTAL</b>				<b>\$213,029</b>	<b>\$0</b>	<b>\$213,029</b>	<b>\$213,029</b>	
SC56-7 Brighton Place	Replace Appliances	\$1,465		\$15,625		\$15,625	\$15,625	
<b>SUBTOTAL</b>				<b>\$15,625</b>	<b>\$0</b>	<b>\$15,625</b>	<b>\$15,625</b>	
SC56-12 Single Family Dwelling	Test for lead base paint	1460	44	\$18,260		\$18,260	\$18,260	
	LBP Clearence Testing	1460	15	\$4,125		\$4,125	\$0	
	Paint Exterior Woodwork and Trim / (Lead Base Paint Abatement)	1460	15	\$32,555		\$32,555	\$0	
<b>SUBTOTAL</b>				<b>\$54,940</b>	<b>\$0</b>	<b>\$54,940</b>	<b>\$18,260</b>	
SC56-13 Single Family Dwelling	LBP Clearence Testing	1460	13	\$3,575		\$3,575	\$0	
	Test for lead base paint	1460	27	\$11,620		\$11,620	\$11,620	
	Paint Exterior Woodwork and Trim / (Lead Base Paint Abatement)	1460	13	\$26,275		\$26,275	\$17,985	
<b>SUBTOTAL</b>				<b>\$41,470</b>	<b>\$0</b>	<b>\$41,470</b>	<b>\$29,605</b>	

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

Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

**Annual Statement/Performance  
and Evaluation Report**

Part II: Supporting Pages  
Capital Fund Program (CFP)

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

Development Number/ Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended	
SC56-15 Single family Housing	Paint Exterior Woodwork and Trim	1460	34	\$17,400		\$17,400	\$17,400	
	<b>SUBTOTAL</b>			<b>\$17,400</b>	<b>\$0</b>	<b>\$17,400</b>	<b>\$17,400</b>	
	A&E Fees	1430.1	1	\$13,500		\$13,500	\$13,500	
	Sundry Planning Costs	1430.19	1	\$2,439		\$2,439	\$2,439	
	<b>SUBTOTAL</b>			<b>\$15,939</b>	<b>\$0</b>	<b>\$15,939</b>	<b>\$15,939</b>	
PHA Wide Admin.	Employee Benefits Contribution	1410.1	1	\$49,585		\$49,585	\$18,385	
	<b>SUBTOTAL</b>			<b>\$49,585</b>	<b>\$0</b>	<b>\$49,585</b>	<b>\$18,385</b>	
PHA Wide Manangement Improvement	Vehicle	1408	1	\$19,200		\$19,200	\$19,200	
	Staff Training	1408	1	\$9,100		\$9,100	\$2,023	
	Computer Hardware Software	1408	1	\$10,250		\$10,250	\$4,788	
	Lawn Maintenance Equipment	1408	3	\$3,000		\$3,000	\$3,000	
	Modernization Coordinator	1408	1	\$32,000		\$32,000	\$30,216	
	PM Inspector	1408	1	\$24,250		\$24,250	\$24,250	
	<b>SUBTOTAL</b>			<b>\$97,800</b>	<b>\$0</b>	<b>\$97,800</b>	<b>\$83,477</b>	
	<b>GRAND TOTAL</b>			<b>\$505,788</b>	<b>\$0</b>	<b>\$505,788</b>	<b>\$411,720</b>	

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

Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

# Annual Statement/Performance and Evaluation Report

Part I: Summary  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA Name: <b>Charleston County Housing and Redevelopment Authority</b>	Capital Fund Number SC16PO56501-02	FFY of Grant Approval 2002
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Original Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number  4\_ Performance & Evaluation Report for Program Year Ending 12/31/03\_ Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0	\$0		
2	1408 Management Improvements	\$76,070	\$0	\$53,854.59	\$53,854.59
3	1410 Administration	\$38,035	\$0	\$37,134.97	\$37,134.97
4	1411 Audit	\$0	\$0	\$0	\$0
5	1415 Liquidated Damages	\$0	\$0	\$0	\$0
6	1430 Fees and Costs	\$11,844	\$0	\$11,844.00	\$11,844.00
7	1440 Site Acquisition	\$0	\$0	\$0	\$0
8	1450 Site Improvement	\$0	\$0	\$0	\$0
9	1460 Dwelling Structures	\$236,101	\$0	\$51,483.80	\$51,483.80
10	1465.1 Dwelling Equipment - Nonexpendable	\$18,300	\$0	\$0	\$0
11	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
12	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
13	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
14	1490 Replacement Reserve	\$0	\$0	\$0	\$0
15	1502 Contingency (may not exceed 8% of Line 16)	\$0	\$0	\$0	\$0
<b>16</b>	<b>Amount of Annual Grant (Sum of Lines 2-15)</b>	<b>\$380,350</b>	<b>\$0</b>	<b>\$154,317.36</b>	<b>\$154,317.36</b>
17	Related LBP Activities	\$27,000	\$0	\$0	\$0
18	Amount of Line 16 Related to Section 504 Compliance	\$0	\$0	\$0	\$0
19	Amount of Line 16 Related to Security	\$0	\$0	\$0	\$0
20	Amount of Line 16 Related to Energy Conservation Measures	\$0	\$0	\$0	\$0

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Signature of Executive Director and Date

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

Montez C. Martin, Jr., Executive Director

**Annual Statement/Performance  
and Evaluation Report**

Part II: Supporting Pages  
Capital Fund Program

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

Capital Fund Number FFY of Grant Approval  
SC16PO567501-02 2003

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development		Total Estimated Cost		Total Actual Cost		Status of Proposed Work
		Account Number	Quantity	Original	Revised (1)	Funds Obligated (2)	Funds Expended	
SC56-1 Joseph Floyd Manor	Kitchen and Bathroom Renovations	1460	20	\$75,000		\$7,943.03	\$7,943.03	
	Replace Floor Coverings at Public Areas	1460	4	\$41,736				
	PM Mechanical Systems	1460	1	\$11,800				
	PM Fire Alarm System	1460	1	\$8,200		\$8,200	\$8,200	
	PM Elevators	1460	2	\$10,800		\$5,840.40	\$5,840.40	
	Appliances Replacements	1465.1	24	\$9,300				
	Automatic Switching System for Boilers	1460	2	\$8,000				
	<b>SUBTOTAL</b>				<b>\$164,836</b>	<b>\$0</b>	<b>\$21,983.43</b>	
SC56-7 Brighton Place	Replace Appliances	1465.1	25	\$9,000				
	Replace Roof Shingles and Ridge Vents	1460	4	\$28,500				
	<b>SUBTOTAL</b>			<b>\$37,500</b>	<b>\$0</b>			
SC56-12 Single Family Dwelling	Paint Exterior Woodwork and Trim	1460	2	\$3,988		\$2,900	\$2,900	
	Test for Lead Base Paint	1460	44	\$3,100				
	Roof Shingle Replacement			\$3,100				
	<b>SUBTOTAL</b>			<b>\$10,188</b>	<b>\$0</b>	<b>\$2,900</b>	<b>\$2,900</b>	
SC56-13 Single Family Dwelling	Paint Exterior Woodwork and Trim	1460	5	\$12,620		\$2,600	\$2,600	
	Test For Lead Base Paint	1460	28	\$0		\$0	\$0	
	Structural Rotted Wood Replacement	1460	2	\$20,800		\$20,800	\$20,800	
	<b>SUBTOTAL</b>			<b>\$33,420</b>	<b>\$0</b>	<b>\$23,400</b>	<b>\$23,400</b>	

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Signature of Executive Director and Date  Montez C. Martin, Jr., Executive Director	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement/Performance and Evaluation Report**

Part II: Supporting Pages

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

Capital Fund Program (CFP)

Number/ Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised (1)	Funds Obligated (2)	Funds Expended	
				SC56-15 Single family Housing	Paint Exterior and replace Rotted Wood	1460	5	
	<b>SUBTOTAL</b>			<b>\$8,457</b>	<b>\$0</b>	<b>\$3,200</b>	<b>\$3,200</b>	
PHA Wide Admin.	A&E Fees	1430.1	1	\$9,963		\$9,963	\$9,963	
	Sundry Planning Costs	1430.19	1	\$1,881		\$1,881	\$1,881	
	<b>SUBTOTAL</b>			<b>\$11,844</b>	<b>\$0</b>	<b>\$11,844</b>	<b>\$11,844</b>	
	Employee Benefits Contribution	1410.1	1	\$38,035		\$37,135	\$37,135	
	<b>SUBTOTAL</b>			<b>\$38,035</b>	<b>\$0</b>	<b>\$37,135</b>	<b>\$37,135</b>	
PHA Wide Managemene Improvements	Vehicle	1408	1	\$7,443		\$1,748	\$1,748	
	Staff Training	1408	1	\$3,335		\$3,335	\$3,335	
	Computer Hardware Software	1408	1	\$4,006		\$1,164	\$1,164	
	Lawn Maintenance Equipment	1408	3	\$1,071				
	Modernization Coordinator	1408	1	\$12,593		\$6,658	\$6,658	
	<b>Security Guards</b>	<b>1408</b>	<b>2</b>	<b>\$36,000</b>		\$31,186	\$31,186	
	PM Inspector	1408	1	\$11,622		\$9,763.54	\$9,763.54	
	<b>SUBTOTAL</b>			<b>\$76,070</b>	<b>\$0</b>	<b>\$53,854.58</b>	<b>\$53,855</b>	
	<b>GRAND TOTAL</b>			<b>\$380,350</b>	<b>\$0</b>	<b>\$154,317</b>	<b>\$154,317</b>	

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Signature of Executive Director and Date  
  
Montez C. Martin, Jr., Executive Director

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

# Annual Statement/Performance and Evaluation Report

Part I: Summary  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA Name: <b>Charleston County Housing and Redevelopment Authority</b>	Capital Fund Number SC16PO56501-03	FFY of Grant Approval 2003
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Original Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number  3 Performance & Evaluation Report for Program Year Ending 12/31/03 Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	\$0	\$0		
2	1408 Management Improvements	\$79,200	\$79,200	\$0	\$0
3	1410 Administration	\$39,600	\$39,600	\$0	\$0
4	1411 Audit	\$0	\$0	\$0	\$0
5	1415 Liquidated Damages	\$0	\$0	\$0	\$0
6	1430 Fees and Costs	\$11,844	\$11,844	\$0	\$0
7	1440 Site Acquisition	\$0	\$0	\$0	\$0
8	1450 Site Improvement	\$0	\$0	\$0	\$0
9	1460 Dwelling Structures	\$214,413	\$214,413	\$17,834	\$17,834
10	1465.1 Dwelling Equipment - Nonexpendable	\$50,965	\$50,965	\$2,260	\$2,260
11	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
12	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
13	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
14	1490 Replacement Reserve	\$0	\$0	\$0	\$0
15	1502 Contingency (may not exceed 8% of Line 16)	\$0	\$0	\$0	\$0
<b>16</b>	<b>Amount of Annual Grant (Sum of Lines 2-15)</b>	<b>\$396,022</b>	<b>\$396,022</b>	<b>\$20,094.00</b>	<b>\$20,094</b>
17	Related LBP Activities			\$0	\$0
18	Amount of Line 16 Related to Section 504 Compliance	\$0	\$8,226	\$0	\$0
19	Amount of Line 16 Related to Security	\$0	\$0	\$0	\$0
20	Amount of Line 16 Related to Energy Conservation Measures	\$0	\$0	\$0	\$0

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

Montez C. Martin, Jr., Executive Director

**Annual Statement/  
Performance and Evaluation**  
Part III: Implementation Schedule  
Capital Fund Program (CFP)  
SC16P056501-00

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

Capital Fund Number  
SC16PO56501-00

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
SC16PO56-1 Joseph Floyd Manor	9/30/02			9/30/04			
SC16PO56-7 Brighton Place	9/30/02			9/30/04			
SC16PO56-12 Sgl. Family Dwelling	9/30/02			9/30/04			
SC16PO56-13 Sgl. Family Dwelling	9/30/02			9/30/04			
SC16PO56-15 Sgl. Family Dwelling	9/30/02			9/30/04			

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

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**Annual Statement/  
Performance and Evaluation**  
Part III: Implementation Schedule  
Capital Fund Program (CFP)  
SC16P056501-01

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

Capital Fund Number  
SC16PO56501-01

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
SC16PO56-1 Joseph Floyd Manor	6 30/ 03			6/30/ 05			
SC16PO56-7 Brighton Place	6/ 30/ 03			6/ 30/ 05			
SC16PO56-12 Sgl. Fam. Dwelling	6/30/ 03			6/ 30/ 05			
SC16PO56-13 Sgl. Fam. Dwelling	6/ 30/ 03			6/ 30/ 05			
SC16P056-15 Sgl. Fam. Dweelling	6/ 30/ 03						

Signature of Executive Director and Date

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

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