

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Charleston County Housing and Redevelopment Authority</u> PHA Code: <u>SC056</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2012</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>399</u> Number of HCV units: <u>1079</u>												
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  The mission of the Charleston County Housing and Redevelopment Authority is to provide quality affordable housing and assist in providing economic opportunities to the low-income citizens of Charleston County.												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.												
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <ul style="list-style-type: none"> <li>➤ Statement of Financial Resources</li> <li>➤ Housing needs of families on the wait list</li> <li>➤ Family Self-sufficiency participants</li> <li>➤ PHA Safety &amp; Crime Prevention Measures</li> <li>➤ Fiscal Audit</li> </ul>												
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.												
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.												
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.												
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.												
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.												

**Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

9.0

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ability	Size	Location
Income <= 30% of AMI	8,103	5	4	4	4	1	3
Income >30% but <=50% of AMI	5,212	4	3	4	4	2	3
Income >50% but <80% of AMI	4,992	3	2	4	3	2	1
Elderly	3,216	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	3
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

1=No impact    5=Severe impact

**Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

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

- ☒ **Employ effective maintenance and management policies to minimize the number of public housing units off-line**
- ☒ **Reduce turnover time for vacated public housing units**
- ☒ **Reduce time to renovate public housing units**
- ☒ **Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction**
- ☒ **Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required**
- ☒ **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**

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

Select all that apply

- ☒ **Apply for additional Section 8 units should they become available**
- ☒ **Pursue housing resources other than public housing or Section 8 tenant-based assistance.**

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

Select all that apply

- ☒ **Adopt rent policies to support and encourage work**

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

**Strategy: 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**

Need: Specific Family Types: The Elderly

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

Select all that apply

- ☒ **Apply for special-purpose vouchers targeted to the elderly, should they become available**

Need: Specific Family Types: Families with Disabilities

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

Select all that apply

- ☒ **Apply for special-purpose vouchers targeted to families with disabilities, should they become available**

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**

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

Select all that apply

- ☒ **Market the Section 8 program to owners outside of areas of poverty /minority concentrations**

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

**(2) Reasons for Selecting Strategies**

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

- ☒ **Funding constraints**
- ☒ **Staffing constraints**
- ☒ **Influence of the housing market on PHA programs**
- ☒ **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)**

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><b>I - Pursue actions aimed at gaining financial independence of CCHRA at an acceptable rate of return.</b>  <b>Objective(s):</b> (1) Continue to seek out private sector opportunities to generate revenue for CCHRA; (2) Determine and prioritize areas of HUD funding from which CCHRA should attempt to separate; (3) Study the possibility of offering property management services to non-section 8 landlords as a revenue source; (4) Work with the Lowcountry Housing and Economic Dev. Foundation (LHEDF) on tax credit and other financing opportunities.  <b>Progress :</b> (1) At this time tax credits are not a viable option for development because there is not a market for selling the credits. For CCHRA, a more pragmatic approach is to hold on to its current commercial space tenants, try and help them expand and wait for the market to begin to rebound; (2) CCHRA has leased a commercial office to a new tenant.</p> <p><b>II - Develop and/or participate in training and professional development programs to ensure a highly efficient and effective CCHRA staff at a cost not to exceed two (2) percent of annual budget.</b>  <b>Objective(s):</b> (1) Continue internal training and professional development activities based on needs; (2) Review individual staff member's career patterns and professional development plans to determine needed refresher courses, certificates, etc.; (3) Increase cross-training within CCHRA; (3) Investigate the possibility of joint training opportunities with the Housing Authority of the City of Charleston; (4) Develop an effective, ongoing method of obtaining customer feedback from residents and landlords.  <b>Progress:</b> During the year, our team members received the following training certificates: AAA Driver Improvement, Effective Interviewing for Program Integrity, Harassment/Discrimination, HCV Housing Quality Standards Specialist, HCV Voucher Specialist, Inventory Incentive Program, Preventive Maintenance, Procurement and Contracts Management and Uniform Physical Conditions Standard; (2) We conducted joint training sessions in Asset Management and Procurement with the Housing Authority of the City of Charleston and North Charleston Housing Authority.</p> <p><b>III - Provide additional housing opportunities for low-income residents. (Note: Cost to be determined later).</b>  <b>Objective(s):</b> (1) Continually look for opportunities to obtain funding for additional housing and be ready to respond rapidly to those opportunities; (2) continue to make referrals to the LHEDF of HCV and PH residents expressing interest in home ownership.  <b>Progress:</b> We continue to make referrals to the LHEDF of HCV and PH residents expressing interest in home ownership. However, the changes in lending criteria create a challenge for those individuals looking to secure a loan in order to purchase a home.</p> <p><b>IV - Provide programs which will lead to family independence of residents and HCV clients at a cost of .55 percent of annual budget.</b>  <b>Objective(s):</b> (1) Continue to emphasize the Family Self-sufficiency Program within CCHRA, with a goal of graduating five or more participants per year; (2) Continue to encourage PH residents to participate in the Individual Development Account (IDA) Program.  <b>Progress:</b> Through the Housing Choice Voucher Program, CCHRA continues working with 27 families participating in the Family Self-sufficiency Program. Through LHEDF, we encourage residents to participate in the Individual Development Account Program where they obtain credit counseling, etc.</p> <p><b>V - Provide educational, social, and cultural programs to enhance quality of life of residents and HCV clients at a cost of at least .25 percent but no more than three (3) percent of annual budget.</b>  <b>Objective(s):</b> (1) Expand the patient navigation program to Brighton Place and HCV Participants; (2) Continue to seek out and participate in events which will enrich the lives of CCHRA residents.  <b>Progress:</b> This is a grant funded program; therefore, due to decrease in funding, the program has not been expanded to serve the Brighton Place community. However, volunteers of the Heart &amp; Soul, Patient Navigation Program continue to be instrumental in helping residents develop fitness, healthy eating habits, blood pressure management, scheduling doctors' appointments, etc. In addition, residents utilize the Joseph Floyd Manor Fitness Center to perform daily exercise. The center is furnished with exercise equipment and is located on site for easy access.</p> <p><b>VI - Increase the knowledge and awareness of stakeholders and the general public about CCHRA at a cost of one (1) percent of annual budget.</b>  <b>Objective(s):</b> (1) Conduct BOC Linkage sessions with appropriate groups to determine better ways to collaborate and serve CCHRA customers; (2) Continue to participate with groups that are stakeholders of CCHRA.  <b>Progress:</b> CCHRA held a linkage meeting with the Board of Director for the South Carolina Association of Community Development to discuss programs available to low-income citizens of Charleston County.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <ol style="list-style-type: none"> <li><b>Substantial Deviation from the 5-Year Plan or Annual Plan:</b> Substantial deviations are defined as major changes in the plans or policies of the PHA or financial resources that affect the mission, goals, objectives or plans of the agency.</li> <li><b>Significant Amendment or Modification to the 5- Year Plan or Annual Plan:</b> Significant amendments or modifications are defined as major changes in the plans or policies of the Housing Authority or financial resources that affect the mission, goals, objectives or plans of the agency.</li> </ol>
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11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## **Instructions form HUD-50075**

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

### **1.0 PHA Information**

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

### **2.0 Inventory**

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

### **3.0 Submission Type**

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

### **4.0 PHA Consortia**

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

### **5.0 Five-Year Plan**

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

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

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

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

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

#### **PHA Plan Elements.** (24 CFR 903.7)

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

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

### (a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

### (b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

[http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)

**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

### (c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

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

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

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

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

### 8.2 Capital Fund Program Five-Year Action Plan

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

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

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:  
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

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

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

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: SC16P056 501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Charleston County Housing and Redevelopment Authority					
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4 )			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/ 11		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
1	Total non-CFP Funds				Expended
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 53,373.00	\$ 53,373.00	\$ 53,373.00	\$ 53,373.00
3	1408 Management Improvements	\$ 106,746.00	\$ 106,746.00	\$ 106,746.00	\$ 98,461.51
4	1410 Administration (may not exceed 10% of line 21)	\$ 53,373.00	\$ 53,373.00	\$ 53,373.00	\$ 53,373.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 6,344.00	\$ 6,344.00	\$ 6,344.00	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 197,354.00	\$ 197,353.80	\$197,353.80	\$ 197,353.80
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 6,317.00	\$ 6,317.00	\$ 6,317.00	\$ 6,317.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Charleston County Housing and Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: SC16P056 501-08 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11		<input type="checkbox"/> Revised Annual Statement (revision no: 4 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Original	Total Actual Cost <sup>1</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ 110,227.00	\$ 110,227.20
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 533,734.00	\$ 533,734.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	Date

*For: Walter C. Martin, Jr.* *4-16-12* *4-16-12*

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

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

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

Part II: Supporting Pages							Federal FFY of Grant: 2008		
PHA Name: Charleston County Housing and Redevelopment Authority			Grant Type and Number Capital Fund Program Grant No: SC16P056 501-08 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
SC56-1	PM Mechanical	1460		11,034.00	11,034.00	11,034.00	\$ 11,034.00		
	PM Elevator	1460	2	13,769.00	15,076.00	15,076.00	\$ 15,076.00		
Joseph Floyd Manor	PM Fire Alarm System	1460		16,470.00	18,011.00	18,011.00	\$ 18,011.00		
	Replace Appliances	1465	3	2,100.00	2,100.00	2,100.00	\$ 2,100.00		
	Emergency replace all chilled water control valves in units at JFM	1460	408	121,713.00	107,169.00	107,169.00	\$107,169.00		
	kitchen rehab at unit 906	1460			8,260.00	8,260.00	\$ 8,260.00		
	Modernize Elevator #1 at JFM	1460							
SC56-7	Replace Appliances	1465	4	1,400.00	1,400.00	1,400.00	\$ 1,400.00		
Brighton Place	Replace thru-wall HVAC Unit at Apt	1460	3	2,800.00	6,602.00	6,602.00	\$ 6,602.00		
	Hot Water Heater Replacement	1460	7	2,700.00	1,680.16	1,680.16	\$ 1,680.16		
SC56-12	Sewer Line Replacement	1460	1	1,250.00	3,400.00	3,400.00	\$ 3,400.00		
Single Family Homes	HVAC Replacement	1460	4	7,200.00	7,980.00	7,980.00	\$ 7,980.00		
	Replace Appliances	1465	3	939.00	939.00	939.00	\$ 939.00		
	Hot Water Heater Replacemnt	1460	4	1,549.00	920.64	920.64	\$ 920.64		
	Structural Termite Damags	1460			3,500.00	3,500.00	\$ 3,500.00		
SC56-13	HVAC Replacement	1460	2	7,200.00					
Singl Family Homes	Hot Water heater Replacements	1460	4	1,400.00					
	Replace Appliances	1465	3	939.00	939.00	939.00	\$ 939.00		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages			Federal FFY of Grant: 2008		Status of Work	
PHA Name: Charleston County Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: 501-08 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
				Original	Revised <sup>1</sup>	
SC56-15	Replace Appliances	1465	3	939.00	939.00	\$ 939.00
Single Family	Sewer Line Replacements	1460	1	1,250.00	1,735.00	\$ 1,735.00
Homes	HVAC Replacements	1460	3	7,619.00	6,296.00	\$ 6,296.00
	Roofed Wood Replacement/ Ext. Painting	1460	1		5,690.00	\$ 5,690.00
	Hot Water Heater Replacement	1460	4	1,400.00		
PHA Wide	Computer Hardware/Software	1408		12,019.00	12,019.00	\$ 5734.51
	PM Inspector	1408	1	33,842.00	33,842.00	\$ 33842.00
	Modernization Coordinator	1408	1	30,187.00	30,187.00	\$ 30187.00
	Vehicle	1408	1	20,143.00	20,143.00	\$ 20,143.00
	Lawn Equipment	1408		3,986.00	3,986.00	\$ 3,986.00
	Staff Training	1408		6,569.00	6,569.00	
	Benefits	1410		53,373.00	53,373.00	\$ 53,373.00
	A&E Fees and Sundries	1430		6,344.00	6,344.00	
	Operations	1406		53,373.00	53,373.00	\$ 53,373.00
	Bond Debt Service	9002		110,227.00	110,227.20	\$110,227.20
	Total			533,734.00	533,734.00	\$519,105.51

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Charleston County Housing and Redevelopment Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
SC56-1					
PM Mechanical	6/12/2010		6/12/2012		
PM Elevator	6/12/2010		6/12/2012		
PM Fire Alarm System	6/12/2010		6/12/2012		
Replace Appliance	6/12/2010		6/12/2012		
Modernize Elevators	6/12/2010		6/12/2012		
Emergency Replace chilled water valves	6/12/2010		6/12/2012		
Kitchen Rehab at unit 906	6/12/2010		6/12/2012		
SC56-7					
Replace Appliances	6/12/2010		6/12/2012		
Repl thru-wall HVAC units	6/12/2010		6/12/2012		
H W Heater Replacements	6/12/2010		6/12/2012		
SC56-12 and SC56-13					
Sewer Line Replacement	6/12/2010		6/12/2012		
HVAC Replacement	6/12/2010		6/12/2012		
Replace Appliances	6/12/2010		6/12/2012		

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Charleston County Housing and Redevelopment Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Replace HW Heater	6/12/2010		6/12/2012		
Struct. Termite Damage	6/12/2010		6/12/2012		
SC56-15					
HVAC Replacement	6/12/2010		6/1/2012		
Replace HW Heaters	6/12/2010		6/12/2012		
Replace Appliances	6/12/2010		6/12/2012		
Replace Sewer Line	6/12/2010		6/12/2012		
Replace rotted Wood/ Ext. Painting	6/12/2010		6/12/2012		
PHA Wide					
Computer hd/software	6/12/2010		6/12/2012		
PM Insp./Mod coord	6/12/2010		6/1/2012		
Staff training	6/12/2010		6/12/2012		
Vehicle/ lawn Maint. Equip	6/12/2010		6/12/2012		
Benefits & Operation	6/12/2010		6/12/2012		
A&E Fees / Sundries	6/12/2010		6/12/2012		
Bond Debt Service	6/12/2010		6/12/2012		

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

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Charleston County Housing and Redevelopment Authority</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11					
<b>Type of Grant</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost Revised:</b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>
<b>Line</b>					<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 45,947.00	\$ 45,947.00	\$ 45,947.00	\$ 45,947.00
3	1408 Management Improvements	\$ 91,894.00	\$ 91,894.00	\$ 72,566.74	\$ 72,566.74
4	1410 Administration (may not exceed 10% of line 21)	\$ 45,947.00	\$ 45,947.00	\$ 45,947.00	\$ 45,947.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 2,880.00	\$ 2,880.00	\$ 2880.00	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 156,260.80	\$ 155,640.25	\$ 155,640.25	\$ 155,640.25
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 6,317.00	\$ 6,937.55	\$ 6,937.55	\$ 6,937.55
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHP funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2009 FFY of Grant Approval:	
<b>PHA Name:</b> Charleston County Housing and Redevelopment Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-09 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10		<input type="checkbox"/> Revised Annual Statement (revision no: 3 ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b> Original	<b>Total Actual Cost</b> <sup>1</sup> Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ 110,227.20	\$ 110,227.20 \$ 101,041.60
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 459,473.00	\$ 440,145.74 \$ 428,079.89
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	<b>Date</b>
<i>Bo: Montez C. Martin Jr.</i>		<i>Proctor</i>	<i>4-10-12</i>

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

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

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

Part II: Supporting Pages			Federal FFY of Grant: 2009					
PHA Name: Charleston County Housing and Redevelopment Authority			Grant Type and Number Capital Fund Program Grant No: 501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	PM Mechanical System	1460	12	\$11,033.80	\$11,033.40	\$ 12,798.49	\$ 12,798.49	
SC056-1	PM Elevators	1460	2	\$ 9,600.00	\$ 9,566.00	\$ 9,566.00	\$ 9,566.00	
Joseph Floyd Manor	PM Fire Alarm System	1460	1	\$16,470.00	\$17,490.00	\$17,490.00	\$17,490.00	
	Replace Appliances	1465	7	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00	
	Replace Fail Insulated Windows	1460	490	\$89,801.00	\$36,666.00	\$ 36,666.00	\$ 36,666.00	
	Emergency Water Main rupture/Cooling Tower Motor Replacement& Chiller valves	1460			\$16,789.12	\$ 16,789.12	\$ 16,789.12	
	Structural Damage at Interior corridors/ceilings	1460	2		4,982.40	\$ 4982.40	\$ 4962.40	
SC056-7	Replace Throu- Wall HVAC System @ Units	1460	4	\$ 2,412.00	\$ 2,412.00			
Brighton Place	Hot Water Replacements	1460	6	\$ 2,325.00	\$ 349.50	\$ 349.50	\$ 349.50	
	Replace Appliances	1465		\$ 1,400.00	\$ 1,400.00	\$ 1,400.00	\$ 1,400.00	
SC056-12	Sewer Line Replacements	1460	1	\$ 1,077.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	
Single Family	HVAC Replacements	1460	3	\$ 6,245.00	\$ 9,830.00	\$ 9,830.00	\$ 9,830.00	
Dwelling	Hot Water Heaters	1460	4	\$ 1,334.00				
	Replace Appliance	1465	3	\$ 939.00	\$1,559.55	\$ 1,559.55	\$ 1,559.55	
	Structural Damges and Rotted wood Replacement	1460			\$15,300.00	\$15,300.00	\$ 15,300.00	
SC059-13	HVAC Replacement	1460	3	\$ 6,245.00	\$ 5,457.52	\$ 5,870.00	\$ 5,870.00	
Single Family	Hot Water Heater Replacement	1460	3	\$ 1,206.00				
Dwelling	Replace Appliances	1465	3	\$ 939.00	\$ 939.00	\$ 939.00	\$ 939.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report

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

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

Part II: Supporting Pages				Federal FFY of Grant: 2009				
PHA Name: Charleston County Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: 501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
SC056-15	Replace Appliances	1465	3	\$ 939.00	\$ 939.00	\$ 939.00	\$ 939.00	
Single Family	Sewer Line Replacement	1460	1	\$ 1,077.00				
Dwelling	HVAC Replacement	1460	3	\$ 6,229.00	\$ 12,200.00	\$ 12,200.00	\$ 12,200.00	
	Hot Water Replacement	1460	3	\$ 1,206.00				
	Structural Damages and Rotted Wood Replacement	1460			\$12,064.41	\$ 12,064.41	\$ 12,064.41	
PHA Wide	Computer Hardware/Software	1408	1	\$ 10,352.00	\$ 10,352.00	\$ 11,551.91	\$ 11,551.91	
	PM Inspector	1408	1	\$ 29,149.00	\$ 29,149.00	\$ 29,149.00	\$ 29,149.00	
	Modernization Coordinator	1408	1	\$ 26,218.00	\$ 26,218.00	\$ 26,218.00	\$ 26,218.00	
	Staff Training	1408		\$ 5,658.00	\$ 5,658.00	\$ 2,684.45	\$ 2,684.45	
	Vehicle	1408	1	\$ 17,350.00	\$ 17,350.00	\$ 2,846.00	\$ 2,846.00	
	Lawn Maintenance Equipment	1408	4	\$ 3,167.00	\$ 3,167.00	\$ 117.83	\$ 117.83	
	Benefits	1410		\$ 45,947.00	\$ 45,947.00	\$ 45,947.00	\$ 45,947.00	
	A&E Fees/Sundries	1430.1		\$ 2,880.00	\$ 2,880.00			
	Operation	1406		\$ 45,947.00	\$ 45,947.00	\$ 45,947.00	\$ 45,947.00	
	Bond Debt Service	9002		\$110,227.20	\$110,227.20	\$110,227.20	\$101,041.60	
	Total			\$459,473.00	\$459,473.00	\$428,088.14	\$160,919.06	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Charleston County Housing and Redevelopment Authority				Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
SC056-1						
PM Mechanical System	9/18/2011		9/18/2013			
PM Fire Alarm	9/18/2011		9/18/2013			
PM Elevator	9/18/2011		9/18/2013			
Replace Appliances	9/18/2011		9/18/2013			
Replace fail insulated glass at windows	9/18/2011		9/18/2013			
Structural Damages at Corridors and Ceilings	9/18/2011		9/18/2013			
SC056-7	9/18/2011		9/18/2013			
Replace Appliances	9/18/2011		9/18/2013			
Replace Throu-wall HVAC Units	9/18/2011		9/18/2013			
Replace Hot Water Heaters	9/18/2011		9/18/2013			
SC056-12						
Replace Appliances	9/18/2011		9/18/2013			
Replace Sewer Lines	9/18/2011		9/18/2013			
Replace H W Heaters/HVAC	9/18/2011		9/18/2013			
Structural Rotted Wood Replacement	9/18/2011		9/18/2013			

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



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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					<b>Federal FFY of Grant: 2009</b>	
PHA Name: Charleston County Housing and Redevelopment Authority						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
SC056-13 & 15						
HVAC & HWHeaters Replacement	9/18/2011		9/18/2013			
Replace Appliances	9/18/2011		9/18/2013			
Replace Sewer Lines	9/18/2011		9/18/2013			
Replace Appliances	9/18/2011		9/18/2013			
Structural Rotted Wood Replacement	9/18/2011		9/18/2013			
PHA Wide						
Computer Hardware/software	9/18/2011		9/18/2013			
PM insp.&Mod Coord.	9/18/2011		9/18/2013			
Staff Training	9/18/2011		9/18/2013			
Vehicle & lawn Equip.	9/18/2011		9/18/2013			
Benefits	9/18/2011		9/18/2013			
A&E Fees/ Sundries	9/18/2011		9/18/2013			
Operations	9/18/2011		9/18/2013			
Bond Debt Service	9/18/2011		9/18/2013			

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

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC10P056 501-10 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Charleston County Housing and Redevelopment Authority</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11					
<b>Type of Grant</b>		<input type="checkbox"/> Revised Annual Statement (revision no: )			
<b>Summary by Development Account</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 45,825.00	\$ 45,825.00	\$ 45,825.00	\$ 45,825.00
3	1408 Management Improvements	\$ 91,650.00	\$ 91,650.00	\$ 1375.00	\$ 1375.00
4	1410 Administration (may not exceed 10% of line 21)	\$ 45,825.00	\$ 45,825.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 2,880.00	\$ 2,880.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 155,529.80	\$ 155,529.80	\$ 138,621.46	\$ 138,621.46
11	1465 1 Dwelling Equipment—Nonexpendable	\$ 6,317.00	\$ 6,317.00	\$ 5,000.99	\$ 5,000.99
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010 FFY of Grant Approval:	
<b>PHA Name:</b> Charleston County Housing and Redevelopment Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-10 Replacement Housing Factor Grant No: Date of CFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ 110,227.20	\$ 110,227.20
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 458,254.00	\$ 190,822.45
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> <i>For: Monter C. Martin, Jr.</i>		<b>Signature of Public Housing Director</b> <i>Monter C. Martin, Jr.</i>	
<b>Date</b> 4-16-12		<b>Date</b> 4-16-12	

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

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

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

Part II: Supporting Pages							
PHA Name: Charleston County Housing and Redevelopment Authority			Grant Type and Number Capital Fund Program Grant No: 501-10 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
	PM Mechanical System	1460	12	\$11,033.80	11,033.80	\$31,477.67	\$31,477.67
SC056-1	PM Elevators	1460	2	9,216.00	9,847.41	\$10,097.41	\$10,097.41
Joseph Floyd Manor	PMFire Alarm System	1460	1	\$16,470.00	16,470.00	\$ 18,786.00	\$ 18,786.00
	Replace Appliances	1465	7	\$ 2,100.00	2,100.00	\$ 1,532.33	\$ 1,532.33
	Paint Wrought Iron Fence, Sandblast/Paint oil Storage Tank @ JFM	1460	490	\$14,850.00	14,850.00		
	Refinish corridors & Public Areas at JFM	1460	1		885.35	\$ 885.35	\$ 885.35
	Replace Appliances	1465	4	\$ 1,400.00	1,083.58		
SC056-7	Replace Throu- Wall HVAC Units @BP	1460	4	\$ 2,448.00	2,448.00	\$ 1,178.95	\$ 1,178.95
Brighton Place	Hot Water Heaters Replacements	1460	6	\$ 2,325.00	2,325.00		
	Pressure wash ext buildings @ BP	1460	102	\$ 3,300.00	3,300.00		
SC056-12	Roof/rotted wd replacement /Ext Paint	1460	1	\$25,307.00	25,307.00	\$15,235.00	\$ 15,235.00
Single Family	HVAC Replacements	1460	2	\$ 6,245.00	6,245.00	\$ 2,300.00	\$ 2,300.00
Dwelling	Hot Water Heaters	1460	4	\$ 1,334.00	1,334.00		
	Replace Appliance	1465	3	\$ 939.00	939.00	\$ 799.48	\$ 799.48
SC059-13	HVAC Replacement	1460	2	\$ 6,245.00	6,245.00	\$12,587.00	\$ 12,587.00
Single Family	Hot Water Heater Replacement	1460	3	\$ 1,206.00	1,206.00		
Dwelling	Replace Appliances	1465	3	\$ 939.00	939.00	\$ 1,156.22	\$ 1,156.22
	Roof/rotted wd replacement/ext. painting	1460	1	\$16,038.00	4,509.24	\$ 22,501.97	\$ 22,501.97

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

Part II: Supporting Pages							
PHA Name: Charleston County Housing and Redevelopment Authority			Grant Type and Number Capital Fund Program Grant No: 501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised <sup>1</sup>		
						Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
SC056-15	Sewer Line Replacement	1460			4,104.00	\$ 4,104.00	\$ 4,104.00
	Replace Appliances	1465	3	\$ 939.00	1,255.42	\$ 1,512.96	\$ 1,512.96
Single Family	Roof/rotted wd replacement/ ext painting	1460	2	\$32,077.00	30,877.00	\$ 10,191.11	\$ 10,191.11
Dwelling	HVAC Replacement	1460	3	\$ 6,229.00	13,337.00	\$ 9,277.00	\$ 9,277.00
	Hot Water Replacement	1460	3	\$ 1,206.00	1,206.00		
PHA Wide	Computer Hardware/Software/Programs	1408	1	\$ 10,352.00	10,352.00		
	PM Inspector	1408	1	\$ 28,905.00	28,905.00		
	Modernization Coordinator	1408	1	\$ 26,218.00	26,218.00		
	Staff Training	1408		\$ 5,658.00	5,658.00	\$ 1375.00	\$ 1375.00
	Vehicle	1408	1	\$ 17,350.00	17,350.00		
	Lawn Maintenance Equipment	1408	4	\$ 3,167.00	3,167.00		
	Benefits	1410		\$ 45,825.00	45,825.00		
	A&E Fees/Sundries	1430.1		\$ 2,880.00	2,880.00		
	Operation	1406		\$ 45,825.00	45,825.00	\$ 45,825.00	\$ 45,825.00
	Bond Debt Service	9002		\$110,227.20	110,227.20		
	Total			\$458,254.00	458,254.00	\$190,822.45	\$190,822.45

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Charleston County Housing and Redevelopment Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
SC056-1					
PM Mechanical System	7/15/2012		7/15/2014		
PM Fire Alarm	7/15/2012		7/15/2014		
PM Elevator	7/15/2012		7/15/2014		
Replace Appliances	7/15/2012		7/15/2014		
Paint wrought iron fence and oil storage tank	7/15/2012		7/15/2014		
SC056-7	7/15/2012		7/15/2014		
Replace Appliances	7/15/2012		7/15/2014		
Replace Throu-wall HVAC Units and HW heaters	7/15/2012		7/15/2014		
Pressure wash building exteriors	7/15/2012		7/15/2014		
SC056-12					
Replace Appliances	7/15/2012		7/15/2014		
Roof/ rotted wood repl	7/15/2012		7/15/2014		
Replace Hot Water Heaters	7/15/2012		7/15/2014		
HVAC Replacement	7/15/2012		7/15/2014		

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

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					<b>Federal FFY of Grant: 2010</b>	
PHA Name: Charleston County Housing and Redevelopment Authority						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
SC056-13						
HVAC & HWHeaters/Appliances replacement.	7/15/2012		7/15/2014			
Roof/rotted wood repl	7/15/2012		7/15/2014			
SC056-15			7/15/2014			
Replace Appliances	7/15/2012		7/15/2014			
Roof/rotted wood repl	7/15/2012		7/15/2014			
HVAC & HW Heaters Replacements	7/15/2012		7/15/2014			
PHA Wide	7/15/2012		7/15/2014			
Computer Hardware/software	7/15/2012		7/15/2014			
PM insp.&Mod Coord.	7/15/2012		7/15/2014			
Staff Training	7/15/2012		7/15/2014			
Vehicle & lawn Equip.	7/15/2012		7/15/2014			
Benefits	7/15/2012		7/15/2014			
A&E Fees/ Sundries	7/15/2012		7/15/2014			
Operations	7/15/2012		7/15/2014			
Bond Debt Service	7/15/2012		7/15/2014			

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

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

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		Grant Type and Number Capital Fund Program Grant No: SC10P056 501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/11		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup> Expended</b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 0			
3	1408 Management Improvements	\$ 77,668.00			
4	1410 Administration (may not exceed 10% of line 21)	\$ 38,834.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 2,880.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$ 152,421.80		\$ 15,799.54	
11	1465 1 Dwelling Equipment—Nonexpendable	\$ 6,317.00		\$ 6,317.59	
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHP funds shall be included here.



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

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		<b>FFY of Grant: 2011</b>	
<b>PHA Name:</b> 45825 Charleston County Housing and Redevelopment Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: 501-11 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<input type="checkbox"/> Reserve for Disasters/Emergencies		
<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Revised <sup>2</sup></b>	<b>Total Actual Cost <sup>1</sup></b>
<b>Line</b>	<b>Original</b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ 110,227.20	
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 388,348.00	\$ 22,116.54
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</b>		<b>Date</b>	

for: *Montez C. Martin Jr.* *4-10-12* *4-16-12*

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

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

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
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Part II: Supporting Pages			Federal FFY of Grant: 2011					
PHA Name: Charleston County Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: 501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	PM Mechanical System	1460	12	\$11,033.80		\$ 50.00	\$ 50.00	
SC056-1	PM Elevators	1460	2	9,816.00		\$ 10,433.89	\$ 10,433.89	
Joseph Floyd Manor	PM Fire Alarm System	1460	1	\$16,470.00				
	Replace Appliances	1465	7	\$ 2,100.00		\$ 720.08	\$ 720.08	
	Phase #1 stucco replacemet at ext. JFM	1460	490	\$90,972.00				
	Replace Appliances	1465	4	\$ 1,400.00		\$ 3,828.25	\$ 3,828.25	
SC056-7	Replace Throu- Wall HVAC Units @BP	1460	4	\$ 2,448.00		\$ 1,891.35	\$ 1,891.35	
Brighton Place	Hot Water Heaters Replacements	1460	6	\$ 2,325.00		\$ 884.30	\$ 884.30	
SC056-12	Replace Appliances	1465	3	\$ 939.00		\$ 871.98	\$ 871.98	
Single Family	HVAC Replacements	1460	2	\$ 5,245.00		\$ 2,540.00	\$ 2,540.00	
Dwelling	Hot Water Heaters	1460	4	\$ 1,334.00				
SC059-13	HVAC Replacement	1460	2	\$ 5,245.00				
Single Family	Hot Water Heater Replacement	1460	3	\$ 1,206.00				
Dwelling	Replace Appliances	1465	3	\$ 939.00		\$ 111.51	\$ 111.51	
			1					

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
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Part II: Supporting Pages							
PHA Name: Charleston County Housing and Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: 501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
SC056-15	Replace Appliances	1465	3	\$ 939.00		\$ 785.18	\$ 785.18
Single Family	H.W. Heater Replacement	1460	2	\$ 1,206.00			
Dwelling	HVAC Replacement	1460	3	\$ 5,121.00			
PHA Wide	Computer Hardware/Software/Programs	1408	1	\$ 10,352.00			
	PM Inspector	1408	1	\$ 23,000.00			
	Modernization Coordinator	1408	1	\$ 22,108.00			
	Staff Training	1408		\$ 5,658.00			
	Vehicle	1408	1	\$ 17,350.00			
	Lawn Maintenance Equipment	1408	4	\$ 1,200.00			
	Benefits	1410		\$ 38,834.00			
	A&E Fees/Sundries	1430.1		\$ 2,880.00			
	Operation	1406		\$ 0			
	Bond Debt Service	9002		\$110,227.20			
	Total			\$388,348.00		\$ 22,116.54	\$ 22,116.54

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Charleston County Housing and Redevelopment Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
SC056-1					
PM Mechanical System	8/03/2013		8/03/2015		
PM Fire Alarm	8/03/2013		8/03/2015		
PM Elevator	8/03/2013		8/03/2015		
Replace Appliances	8/03/2013		8/03/2015		
Phase # 1 Stucco replacement at JFM	8/03/2013		8/03/2015		
SC056-7					
Replace Appliances	8/03/2013		8/03/2015		
Replace Throu-wall HVAC Units and HW heaters	8/03/2013		8/03/2015		
SC056-12					
Replace Appliances	8/03/2013		8/03/2015		
HVAC Replacement	8/03/2013		8/03/2015		
Replace Hot Water Heaters	8/03/2013		8/03/2015		

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

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Charleston County Housing and Redevelopment Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
SC056-13					
HVAC & HW/Heaters/Appliances replacement.	8/03/2013		8/03/2015		
Replace Appliances	8/03/2013		8/03/2015		
SC056-15					
Replace Appliances	8/03/2013		8/03/2015		
HVAC & HW Heaters Replacement	8/03/2013		8/03/2015		
PHA Wide					
Computer Hardware/software	8/03/2013		8/03/2015		
PM insp.&Mod Coord.	8/03/2013		8/03/2015		
Staff Training	8/03/2013		8/03/2015		
Vehicle & lawn Equip.	8/03/2013		8/03/2015		
Benefits	8/03/2013		8/03/2015		
A&E Fees/ Sundries	8/03/2013		8/03/2015		
Operations	8/03/2013		8/03/2015		
Bond Debt Service	8/03/2013		8/03/2015		

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


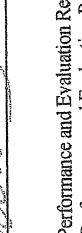
Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

<b>Part I: Summary</b>		<b>FFY of Grant: 2012</b>	
<b>PHA Name: Charleston County Housing &amp; Redevelopment Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC10P056 501-12 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2012</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2012 <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost Revised<sup>2</sup></b>	<b>Total Actual Cost<sup>1</sup> Expended</b>
1	Total non-CFF Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements	\$69,048.00	
4	1410 Administration (may not exceed 10% of line 21)	\$34,524.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	\$3,563.00	
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	\$122,255.80	
11	1465.1 Dwelling Equipment—Nonexpendable	\$5,622.00	
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

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

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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2012</b>		<b>FFY of Grant Approval:</b>	
PHA Name: 45825 Charleston County Housing & Redevelopment Authority	Grant Type and Number Capital Fund Program Grant No: 501-12 Replacement Housing Factor Grant No: Date of CFFP:				
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account		<b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
18a	1501 Collateralization or Debt Service paid by the PHIA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$110,227.20			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$345,240.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Signature of Public Housing Director</b> 		<b>Date</b> 3/12/12	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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

Part II: Supporting Pages			Federal FFY of Grant: 2012			
PHA Name: Charleston County Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: 501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost <div>OriginalRevised<sup>1</sup></div>	Total Actual Cost <div>Funds Obligated<sup>2</sup>Funds Expended<sup>2</sup></div>	Status of Work
SC056-1 Joseph Floyd Manor	PM Mechanical System	1460	12	\$9,000.00		
	PM Elevators	1460	2	\$9,000.00		
	PM Fire Alarm System	1460	1	\$12,000.00		
	Replace Appliance	1465	5	\$ 2,100.00		
	JFM Roof Restoration	1460	1	\$14,000.00		
	Kitchen & Bath Rehabs	1460	3	\$14,000.00		
	Structural Damage & Ceiling Replace	1460	1	\$6,000.00		
	Parking Lot Improvements	1460	1	\$4,155.80		
	Chiller Replacement	1460	1	\$ 9,500.00		
	Replace Appliance	1465	4	\$1,200.00		
SC056-7 Brighten Place	Replace Thru-Wall HVAC Units	1460	2	\$2,000.00		
	Replace Water Heater	1460	3	\$800.00		
SC056-12 Single Family Homes	Replace Appliances	1465	2	\$774.00		
	Replace HVAC Units	1460	2	\$4,000.00		
	Replace Water Heate	1460	2	\$800.00		
	Structural Damage & Rotted Wood Replacement	1460	1	\$17,000.00		
SC056-13 Single Family Home	Replace Appliance	1465	2	\$774.00		
	Replace HVAC Units	1460	2	\$4,200.00		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



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

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

Part II: Supporting Pages			Federal FFY of Grant: 2012					
PHA Name: Charleston County Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No: 501-12 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup>	Total Actual Cost Funds Obligated <sup>2</sup> Funds Expended <sup>2</sup>		Status of Work
	Replace Water Heaters	1460	2	\$800.00				
SC056-15 Single Family Home	Replace Appliances	1465	2	\$ 774.00				
	Replace HVAC	1460	2	\$4,200.00				
	Replace Water Heaters	1460	3	\$800.00				
	Structural Damage & Rotted Wood Replacement	1460	2	\$10,000.00				
PHA Wide	Computer Hardware/Software/Programs	1408	1	\$8,758.00				
	PM Inspector	1408	1	\$19,458.00				
	Modernization Coordinator	1408	1	\$19,703.00				
	Staff Training	1408		\$4,095.00				
	Vehicle	1408	1	\$17,034.00				
	Benefits	1410		\$34,524.00				
	A&E Fees/Sundries	1430.1		\$3563.00				
	Operation	1406		\$0.00				
	Bond Debt Service	9002		\$110,227.20				
TOTAL	Amount of Annual Grant			\$345,240.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

<b>Part I: Summary</b>						
PHA Name/Number			Locality (City/County & State)		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY __2012__	Work Statement for Year 2 FFY __2013__	Work Statement for Year 3 FFY __2014__	Work Statement for Year 4 FFY __2015__	Work Statement for Year 5 FFY __2016__
B.	Physical Improvements Subtotal	Annual Statement	\$122,255.80	\$122,255.80	\$122,255.80	\$122,255.80
C.	Management Improvements		\$69,048.00	\$69,048.00	\$69,048.00	\$69,048.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$5,622.00	\$5,622.00	\$5,622.00	\$5,622.00
E.	Administration		\$34,524.00	\$34,524.00	\$34,524.00	\$34,524.00
F.	Other		\$3,563.00	\$3,563.00	\$3,563.00	\$3,563.00
G.	Operations		\$0.00	\$0.00	\$0.00	\$0.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		\$110,227.20	\$110,227.20	\$110,227.20	\$110,227.20
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$345,240.00	\$345,240.00	\$345,240.00	\$345,240.00

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011**

PHA Name/Number			Locality (City/county & State)		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				

**Capital Fund Program—Five-Year Action Plan**

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

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year __2013_____ FFY __2013____			Work Statement for Year: __2014_____ FFY __2014____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>SC056-1 Joseph Floyd</b>	<b>Manor</b>		<b>SC059-1 Joseph Floyd</b>	<b>Manor</b>	
Annual	PM Fire Alarm	1	\$16,768.80	PM Fire Alarm	1	\$16,768.80
Statement	PM Elevator	2	\$9,816.00	PM Elevator	2	\$9,816.00
	PM Mechanical	12	\$11,034.00	PM Mechanical	12	\$11,034.00
	Ext Stucco System Replacement at JFM Phase #2	1	\$89,430.00	Ext Stucco System Replacement at JFM Phase #3	1	\$62,384.00
	<b>SC056-7 Brighton</b>	<b>Place</b>		LED Exit Lights	30	\$3,220.00
	Replace Water Heaters	3	\$1,506.00	Waterproof Basement	1	\$19,500.00
	Replace HVAC Units	2	\$2,400.00	Replace Sump Pumps	3	\$4,250.00
	<b>SC056-12 Single Family Homes</b>			Repl. Mechanical Pumps & Motors	4	\$8,200.00
	Replace Water Heaters	2	\$1,900.00	<b>SC056-7 Brighton</b>		
	Replace HVAC Units	2	\$5,225.00	Replace Water Heaters	3	\$1,195.00
	<b>SC056-13 Single Family Homes</b>			Replace HVAC Units	2	\$2,824.00
	Replace Water Heaters	2	\$1,900.00	<b>SC056-12 Single Family Homes</b>		
	Replace HVAC Units	2	\$5,225.00	Replace Water Heaters	3	\$1,219.00
	<b>SC056-15 Single Family Homes</b>			Replace HVAC Units	2	\$5,729.00
	Replace Water Heaters	2	\$1,991.00	<b>SC056-13 &amp; 15 Single Family Homes</b>		
	Replace HVAC Units	2	\$5,225.00	Replace Water Heaters	3	\$1,519.00
				Replace HVAC Units	3	\$4,762.00
	Subtotal of Estimated Cost		\$ 152,420.80	Subtotal of Estimated Cost		\$152,420.80



**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011**

[illegible]

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011**

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ 2013 _____ FFY _____ 2013 _____		Work Statement for Year: __ 2014 _____ FFY _____ 2014 _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	SC056PHA Wide		SC056PHA Wide	
Annual				
Statement	Computers Hardware/Software/Programming	\$10,352.00	Computers Hardware/Software/Programming	\$10,352.00
	Modernization Coordinator	\$23,000.00	Modernization Coordinator	\$23,000.00
	PM Inspector	\$22,108.00	PM Inspector	\$22,108.00
	Staff Training	\$3,658.00	Staff Training	\$3,658.00
	Vehicle	\$17,350.00	Vehicle	\$17,350.00
	Lawn Maintenance Equipment	\$3,167.00	Lawn Maintenance Equipment	\$3,167.00
	Operation	\$0.00	Operation	\$0.00
	Benefits	\$38,834.00	Benefits	\$38,834.00
	A&E Fees and Sundries	\$2,880.00	A&E Fees and Sundries	\$2,880.00
	Bond Debt Service	\$110,227.20	Bond Debt Service	\$110,227.20
	Subtotal of Estimated Cost	\$229,609.20	Subtotal of Estimated Cost	\$229,609.20

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year ____2015_____ FFY ____2015_____ Development Number/Name General Description of Major Work Categories		Work Statement for Year: ____2016_____ FFY ____2016_____ Development Number/Name General Description of Major Work Categories	
	Estimated Cost		Estimated Cost	
See	<b>SC056PHA Wide</b>		<b>SC056PHA Wide</b>	
Annual				
Statement	Computers Hardware/Software/Programming		Computers Hardware/Software/Programming	
	\$10,352.00		\$10,352.00	
	Modernization Coordinator		Modernization Coordinator	
	\$23,000.00		\$23,000.00	
	PM Inspector		PM Inspector	
	\$22,108.00		\$22,108.00	
	Staff Training		Staff Training	
	\$3,658.00		\$3,658.00	
	Vehicle		Vehicle	
	\$17,350.00		\$17,350.00	
	Lawn Maintenance Equipment		Lawn Maintenance Equipment	
	\$3,167.00		\$3,167.00	
	Operation		Operation	
	\$0.00		\$0.00	
	Benefits		Benefits	
	\$38,834.00		\$38,834.00	
	A&E Fees and Sundries		A&E Fees and Sundries	
	\$2,880.00		\$2,880.00	
	Bond Debt Service		Bond Debt Service	
	\$110,227.20		\$110,227.20	
	Subtotal of Estimated Cost		Subtotal of Estimated Cost	
	\$229,609.20		\$229,609.20	



# **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 nondiscriminating 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.



Charleston County Housing and Redevelopment Authority  
2106 Mt. Pleasant Street, Charleston, SC 29403  
(843) 722-1942 FAX (843) 577-6825 TDD (800) 735-2905



**Agency Award of  
Excellence**

## **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-complaint, 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 a 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 Plan:**

- 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.

# **CHARLESTON COUNTY HOUSING AND REDEVELOPMENT AUTHORITY**

## **ADMISSION AND CONTINUED OCCUPANCY POLICY**

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

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

The following policy is promulgated to enact said resolution.

- **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 its 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.



**Low Rent Public Housing  
Resident Advisory Board Membership  
2011-2012**

1. Julia Simmons (Tenants Association President)  
JFM Senior Citizens Association  
2106 Mt. Pleasant Street, Apt. 204  
Charleston, SC 29403  
(843) 330-7923
2. Ada Kelly (President), PHA Governing Board  
Brighton Place Residents Association  
1429 Orleans Road, Apt. B4  
Charleston, SC 29407  
(843) 460-8582
3. Althea Richardson, PHA Governing Board  
Single-Family Houses  
2462 Darter Street  
Charleston, SC 29414  
(843) 573-9026

# **The Charleston County Housing And Redevelopment Authority**

## **Violence Against Women Act Policy**

**A goal of the Charleston County Housing and Redevelopment Authority (CCHRA) is to implement strategies in compliance with the Violence Against Women Act (VAWA). It is our objective to collaborate with others to prevent offenses identified by VAWA.**

**CCHRA has the following procedures in place to assure applicants and residents are aware of their rights under the Violence Against Women Act.**

Information on domestic violence is available to all visitors. The information provides a list of local domestic violence resources services/programs available to persons in need of services. In addition, a copy of form HUD 52641 and a copy of the information are given to all new move-ins as a part of the Orientation Process. Current residents that become victims of domestic violence are referred to local Law Enforcements Agencies for Victim's Advocacy. In addition they are referred to My Sister's House for assistance with temporary housing in a safe environment.

**CCHRA provides or offers the following activities, services or programs, either directly or in collaboration with other service providers, to child or adult victims of domestic violent, dating violence, sexual assault, or stalking.**

Victims are referred to My Sister's House Volunteer Program, Charleston Domestic Violence Services, Turning Point, Family Violence Intervention Program, Family Violence Treatment Center, Domestic Violence Support Group (Mt. Pleasant), Dee Norton Lowcountry Children's Center, and The Family Violence Intervention Program. In addition Trident United Way provides a 24 hour hotline which contains a database of agencies that provide emergency shelter, case management, youth activities, life skills and after care.

**By offering these services, CCHRA complies with the VAWA and its requirements. It is our objective to provide domestic violence services information at the time of orientation, offer current residents that become victims of domestic violence protection through collaborative efforts with local community organizations and to empower victims with resources to obtain a normal life after the abuse.**

# **CCHRA Human Services Referral List**

## **Domestic Abuse Support Group**

My Sister's House

Charleston, SC

(843) 744-3242

Spouse/Domestic Partner Abuse Counseling, Abuse/Violence Related Support Groups



## **Charleston Domestic Violence Services**

City of Charleston Police Dept.

1525 Sam Rittenberg Blvd., Ste. D

Charleston, SC 29407

(843) 720-2473

Spouse/Domestic Partner Abuse Counseling, Crime Victim/Witness Counseling, General Crime Victim Assistance, Family Violence Prevention



## **Family Violence Intervention Program**

4925 LaCross Rd.

Ste. 215

North Charleston, SC 29406

7357802

Spouse/Domestic Partner Abuse Counseling, Anger Management, Abuse/Violence Related Support Groups, Domestic Violence Intervention Programs



## **Family Violence Treatment Center**

1056 E. Montague Ave.

North Charleston, SC 29405

7459111

Spouse/Domestic Partner Abuse Counseling, Crisis Intervention, Group Counseling, Abuse/Violence Related Support Groups



## **Domestic Violence Support Group (Mt. Pleasant)**

Mt. Pleasant Police Department

309 Banks St.

Mount Pleasant, SC 29464

8562189

Spouse/Domestic Partner Abuse Counseling, Abuse/Violence Related Support Groups



## **Dee Norton Lowcountry Children's Center**

1061 King St.

Charleston, SC 29403

7233600

Child Sexual Abuse/Incest Counseling, Child Abuse Counseling, Abuse/Violence Related Support Groups, Sexual Assault Treatment



## **Parents Anonymous - Trident Area**

1285 Avenue G  
North Charleston, SC 29405  
7470480

Child Sexual Abuse/Incest Counseling, Child Abuse Counseling, Parenting Education, Abuse/Violence  
Related Support Groups



### **Sexual Abuse/Incest Support Group**

Lowcountry Children's Center  
1061 King St.  
Charleston, SC 29403  
7233600

Child Sexual Abuse/Incest Counseling, Abuse/Violence Related Support Groups, In Person Support  
Groups



### **Family Violence Intervention Program Volunteer Program**

4925 LaCross Rd.  
Ste. 215  
North Charleston, SC 29406  
7357854

Abuse Support Volunteer Opportunities, Public Relations Volunteer Opportunities, Administration  
Volunteer Opportunities



### **My Sister's House Volunteer Program**

PO Box 71171  
North Charleston, SC 29415  
7474069

School Supplies Donation Programs, Personal Care Supplies Donation Programs, Office  
Equipment/Supplies Donation Programs, Household Goods Donation Programs, Children's Clothing  
Donation Programs, Baby Clothing/Diaper Donation Programs, Recreational Activities/Sports Volunteer  
Opportunities, Interpretation/Translation Volunteer Opportunities, Abuse Support Volunteer Opportunities,  
Criminal Justice/Legal Services Volunteer Opportunities, Counseling/Information Support Volunteer  
Opportunities, Construction/Home Maintenance Volunteer Opportunities, Public Relations Volunteer  
Opportunities, Administration Volunteer Opportunities