



U. S. Department of Housing and Urban Development

Greensboro Field Office
Office of Public Housing
1500 Pinecroft Road, Suite 401, Asheville Building
Greensboro, NC 27407-3838
(336) 547-4000
www.hud.gov or espanol.hud.gov

NOV 02 2017

Mr. Jason Whitfield
Executive Director
Robersonville Housing Authority
Department of Housing
P.O. Box 637
Robersonville, NC 27871

Dear Mr. Whitfield:

This letter is to inform you that the Robersonville Housing Authority (PHA) Annual Plan (Plan) for the PHA's Fiscal Year beginning October 1, 2017 is approved, in accordance with Title 24CFR Part 903.23(c)(3). This approval does not constitute an endorsement of the strategies and policies outlined in the Plan. In providing assistance to families under programs covered by this Plan, the PHA will comply with the rules, standards, and policies established in its approved Plan, as provided in 24 CFR Part 903 and other applicable regulations.

Your approved Plan and all required attachments and documents must be made available for review and inspection at the principal office of the PHA during normal business hours. Your plan should remain on display until your next submitted plan (whether it is next year's plan or an intervening significant amendment or modification) is approved by HUD.

If you have any question regarding your PHA Plan or the information in this letter, please contact Kenritia Coats-Murphy at (336) 851 8088 (voice) or (336) 547-4128 (TTY).

Sincerely,

A handwritten signature in black ink, appearing to read "Raquel K. Nardin", written over a horizontal line.

Raquel K. Nardin
Division Director, Office of Public Housing
Office of Field Operations
U.S. Department of HUD

**Certification of Compliance with
PHA Plans and Related Regulations
(Small PHAs)**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 02/29/2016

**PHA Certifications of Compliance with the PHA Plans and Related Regulations
including Civil Rights and PHA Plan Elements that Have Changed**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or ^X Annual PHA Plan for the PHA fiscal year beginning 10/2017, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA certifies that the following policies, programs, and plan components have been revised since submission of its last Annual PHA Plan (check all policies, programs, and components that have been changed):
 - ___ 903.7a Housing Needs
 - ___ 903.7b Deconcentration and Other Policies Governing Eligibility, Selection, Occupancy, and Admissions Policies
 - ___ 903.7c Financial Resources
 - ___ 903.7d Rent Determination Policies
 - ___ 903.7h Demolition and Disposition
 - ___ 903.7k Homeownership Programs
 - ___ 903.7r Additional Information
 - ___ A. Progress in meeting 5-year mission and goals
 - ___ B. Criteria for substantial deviation and significant amendments
 - ___ C. Other information requested by HUD
 - ___ 1. Resident Advisory Board consultation process
 - ___ 2. Membership of Resident Advisory Board
 - ___ 3. Resident membership on PHA governing board

The PHA provides assurance as part of this certification that:

- (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identifying any impediments to fair housing choice within those programs, addressing those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and by maintaining records reflecting these analyses and actions.
 8. For a PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2010-25);

- The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting lists would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
 17. The PHA will comply with the ~~Lead~~^{Lead}-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
 21. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).

Robersonville Housing Authority

PHA Name

NC067

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20__ - 20__

Annual PHA Plan for Fiscal Year 20__18__

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official
Churchill Briley

Title Board Chairman

Signature

Churchill Briley

Date 10/31/2017

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan or
State Consolidated Plan
(All PHAs)**

U. S Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 2/29/2016

**Certification by State or Local Official of PHA Plans
Consistency with the Consolidated Plan or State Consolidated Plan**

I, Churchill Briley, the Board Chairman
Official's Name *Official's Title*

certify that the 5-Year PHA Plan and/or Annual PHA Plan of the

Robersonville Housing Authority
PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
Impediments (AI) to Fair Housing Choice of the

Town Of Robersonville
Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
Consolidated Plan and the AI.

The Capital Improvements have followed the Consolidated Plan with the implementation of metal roofing
and parking areas.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Churchill Briley	Board Chairman
Signature <u>Churchill Briley</u>	Date
	10/31/2017

Streamlined Annual PHA Plan (Small PHAs)	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires: 02/29/2016
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Purpose. 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, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

Applicability. Form HUD-50075-SM is to be completed annually by **Small PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, High Performer PHA, HCV-Only PHA, or Qualified PHA do not need to submit this form.

Definitions.

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, and that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment, and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A. PHA Information.													
A.1	PHA Name: Robersonville Housing Authority PHA Code: NC067 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performer PHA Plan for Fiscal Year Beginning: (MM/YYYY): 10/2017 PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Public Housing (PH) Units 100 Number of Housing Choice Vouchers (HCVs) 0 Total Combined 100 PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission												
	Availability of Information. In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. 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 their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.												
	<input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)												
	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>Lead PHA:</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV	Lead PHA:					
	PH	HCV											
Lead PHA:													

B.	Annual Plan Elements Submitted with 5-Year PHA Plans. Required elements for all PHAs completing this document in years in which the 5-Year Plan is also due. This section does not need to be completed for years when a PHA is not submitting its 5-Year Plan. See Section C for required elements in all other years (Years 1-4).
B.1	Revision of PHA Plan Elements. (a) Have the following PHA Plan elements been revised by the PHA since its last Five-Year PHA Plan submission? Y N <input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs. <input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions. <input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources. <input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination. <input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs. <input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation. <input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification (b) The PHA must submit its Deconcentration Policy for Field Office Review. (c) If the PHA answered yes for any element, describe the revisions for each element below:
B.2	New Activities (a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year? Y N <input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods. <input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development. <input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition. <input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant Based Assistance. <input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD. <input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers. <input type="checkbox"/> <input checked="" type="checkbox"/> Units with Approved Vacancies for Modernization. <input type="checkbox"/> <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants). (b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project based units and general locations, and describe how project basing would be consistent with the PHA Plan.
B.3	Progress Report. Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan. See attached

C.	Annual Plan Elements Submitted All Other Years (Years 1-4). Required elements for all other fiscal years. This section does not need to be completed in years when a PHA is submitting its 5-Year PHA Plan.
C.1.	<p>New Activities</p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.</p> <p><input type="checkbox"/> <input type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process.</p> <p>(c) If using Project-Based Vouchers, provide the projected number of project-based units, general locations, and describe how project-basing would be consistent with the PHA Plan.</p> <p>(d) The PHA must submit its Deconcentration Policy for Field Office Review.</p>
C.2	<p>Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan</p> <p><u>Form 50077-SM, Certification of Compliance with PHA Plans and Related Regulations</u>, including Item 5 must be submitted by the PHA as an electronic attachment to the PHA Plan. Item 5 requires certification on whether plan elements have been revised, provided to the RAB for comment before implementation, approved by the PHA board, and made available for review and inspection by the public.</p>
D	Other Document or Certification Requirements for Annual Plan Submissions. Required in all submission years.
D.1	<p>Civil Rights Certification.</p> <p><u>Form 50077-SM-HP, Certification of Compliance with PHA Plans and Related Regulations</u>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
D.2	<p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p>
D.3	<p>Certification by State or Local Officials.</p> <p><u>Form HUD 50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</u>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
E	Statement of Capital Improvements. Required in all years for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).
E.1	<p>Capital Improvements. Include a reference here to the most recent HUD-approved 5-Year Action Plan (HUD-50075.2) and the date that it was approved by HUD.</p> <p>See Attached</p>

ATTACHMENTS

5.2-Goals

Goal One: Increase the availability of decent, safe, and affordable housing.

Objectives:

To determine feasibility over the next 5 years to leverage private or other public funds to create additional housing opportunities.

To improve the quality of assisted housing by maintaining High Performer status and by maintaining our current customer satisfaction level. We will continue to expend at least 75% of our Capital Funds to modernize and improve our dwelling structures and we will determine feasibility over the next 5 years to provide replacement public housing.

To increase assisted housing choices by determining feasibility over the next 5 years to implement public housing or other homeownership programs.

Goal Two: Improve community quality of life and economic vitality

Objectives:

To provide an improved living environment by implementing measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. We will accomplish this goal by utilizing flat rents.

Goal Three: Promote self-sufficiency and asset development of families and individuals.

Objectives:

To promote self-sufficiency and asset development of assisted households by providing or attracting supportive services to improve assistance recipients' employability. We will continue to work closely with the Department of Social Services self sufficiency program.

Goal Four: Ensure Equal Opportunity in Housing for all Americans.

Objectives:

To ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. We will accomplish this goal by continuing our existing procedures.

10.0 (a)-Additional Information-Progress In Meeting Missions & Goals

(**NOTE- REQUIRED ONLY WITH 5-YEAR PLAN FOR QUALIFIED AUTHORITIES**)

Goal One: Increase the availability of decent, safe, and affordable housing.

Objectives:

To determine feasibility over the next 5 years to leverage private or other public funds to create additional housing opportunities.

Progress: Still determining feasibility.

To improve the quality of assisted housing by maintaining High Performer status and by maintaining our current customer satisfaction level. We will continue to expend at least 75% of our Capital Funds to modernize and improve our dwelling structures and we will determine feasibility over the next 5 years to provide replacement public housing.

Progress: Have consistently utilized over 75% of Capital Funds for unit improvements.

To increase assisted housing choices by determining feasibility over the next 5 years to implement public housing or other homeownership programs.

Progress: Still determining feasibility.

Goal Two: Improve community quality of life and economic vitality

Objectives:

To provide an improved living environment by implementing measures to deconcentrate poverty by bringing higher income public housing households into lower income developments. We will accomplish this goal by utilizing flat rents.

Progress: We are utilizing Flat Rents and have met this goal.

Goal Three: Promote self-sufficiency and asset development of families and individuals.

Objectives:

To promote self-sufficiency and asset development of assisted households by providing or attracting supportive services to improve assistance recipients' employability. We will continue to work closely with the Department of Social Services self sufficiency program.

Progress: We have met this goal. We are continuing existing procedures.

Goal Four: Ensure Equal Opportunity in Housing for all Americans.

Objectives:

To ensure equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. We will accomplish this goal by continuing our existing procedures.

Progress: We have met this goal. We are continuing existing procedures.

**Certification of Compliance with
PHA Plans and Related Regulations
(Small PHAs)**

U.S. Department of Housing and Urban Development
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- The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
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PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20__ - 20__

Annual PHA Plan for Fiscal Year ~~2018~~ ²⁰¹⁷

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Jason Whitfield

Title

Executive Director.

Signature

Jason Whitfield

Date

10/30/17

6.0 (13)-Violence Against Women

Chapter 19

EVICTIÖN POLICY AND PROCEDURES

G. TERMINATIONS PROTECTED BY VAWA

Criminal Activity directly relating to domestic violence, dating or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of the tenancy or occupancy rights, if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, or stalking.

The RHA may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to a family member or others without terminating assistance/evicting victimized lawful occupants.

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: NC19P06750117 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2017 FFY of Grant Approval: 2017	
PHA Name: Robersonville Housing Authority					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	50,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,846			
8	1440 Site Acquisition				
9	1450 Site Improvement	60,000			
10	1460 Dwelling Structures	40,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
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 ⁴				

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

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 06/30/2017

Part I: Summary		FFY of Grant: 2017 FFY of Grant Approval: 2017	
PHA Name: Robersonville Housing Authority	Grant Type and Number Capital Fund Program Grant No: 2016 Replacement Housing Factor Grant No:		
Date of CFPF:			
<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	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	153,846	
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		Date 06/30/2017	
		Signature of Public Housing Director	
		Date	

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2017

Part II: Supporting Pages			Grant Type and Number			Federal FFY of Grant: 2017		
PHA Name: Robersonville Housing Authority			Capital Fund Program Grant No: 2017					
			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 ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	Operations	1406		50,000				
PHA WIDE	Fees and Costs	1430		3,846				
	Architect Fees							
	Consulting Fees for parking area expansion.To supervise the construction work on a periodic basis.							
PHA WIDE	Site Improvement	1450	18	60,000				
	Repave and expand parking areas made for disabled. Replace Handicapped signs. To correct damages from ice.							
PHA WIDE	Roofing Phase V I I	1460	6 roofs	40,000				

8.2-Capital Fund Program Five Year Action Plan-50075.2

Part I: Summary

PHA Name/Number: The Housing Authority of the City of Robersonville; Robersonville, North Carolina/NC067		Locality: Robersonville, North Carolina			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
Development Number NC067	Work Statement for Year 1 FFY 2015	Work Statement for Year 2 FFY 2016	Work Statement for Year 3 FFY 2017	Work Statement for Year 4 FFY 2018	Work Statement for Year 5 FFY 2019	
A.	Annual Statement					
B.	Physical Improvements Subtotal	\$64,000.00	\$46,000.00	\$66,000.00	\$69,000.00	
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment	\$0.00	\$10,000.00	\$0.00	\$0.00	
E.	Administration	\$20,000.00	\$25,000.00	\$18,000.00	\$10,000.00	
F.	Other	\$0.00	\$0.00	\$0.00	\$0.00	
G.	Operations	\$20,000.00	\$23,000.00	\$20,000.00	\$20,000.00	
H.	Demolition	\$22,068.00	\$22,068.00	\$22,068.00	\$22,068.00	
I.	Development	\$0.00	\$0.00	\$0.00	\$0.00	
J.	Capital Fund Financing - Debt Service	\$0.00	\$0.00	\$0.00	\$0.00	
K.	Total CFP Funds	\$126,068.00	\$126,068.00	\$126,068.00	\$126,068.00	
L.	Total Non-CFP Funds					
M.	Grand Total	\$126,068.00	\$126,068.00	\$126,068.00	\$126,068.00	\$126,068.00

ROBERSONVILLE HOUSING AUTHORITY
PO BOX 637
106 NW RAILROAD STREET
ROBERSONVILLE, NC 27871-0637
252-217-2283

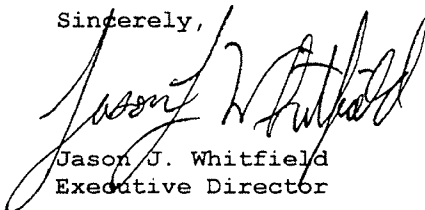
June 6th, 2017

**Significant Amendment and Substantial
Deviation/Modification**

Substantial Deviation from the 5 Year Plan
Substantial deviations are defined as discretionary in the plans or policies of the housing authority that fundamentally change the missions, goals, objectives, or plans of the RHA and which require formal approval from the Board of Commissioners or may be required by HUD.

Significant Amendment or Modification to the Annual Plan
Significant amendments or modifications are defined as discretionary in plans or policies of the RHA that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or may be required by HUD.

Sincerely,



Jason J. Whitfield
Executive Director

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Robersonville Housing Authority

Program/Activity Receiving Federal Grant Funding

2017 Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Jason J. Whitfield

Title

Executive Director

Signature

Date

06/06/2017

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3



U. S. Department of Housing and Urban Development

Greensboro Field Office
Office of Public Housing
1500 Pinecroft Road, Suite 401, Asheville Building
Greensboro, NC 27407-3838
(336) 547-4000
www.hud.gov or espanol.hud.gov

July 15, 2015

Mr. Michael H. Williams
Executive Director
Robersonville Housing Authority
Department of Housing
P.O. Box 637
Robersonville, NC 27871

Dear Mr. Williams:

This letter is to inform you that the Robersonville Housing Authority (PHA) 5-Year/Annual Plan submission for the PHA Fiscal Year beginning October 1, 2015 is **approved**. This approval of the Annual Plan does not constitute an endorsement of the strategies and policies outlined in the Plan. In providing assistance to families under programs covered by this Plan, the PHA will comply with the rules, standards, and policies established in its approved Plan, as provided in 24 CFR Part 903 and other applicable regulations. Your approved Plan and all the required attachments and documents must be made available for review and inspection at the principal office of the PHA during normal business hours.

As you know, your Plan included a Capital Fund Program Annual Statement Plan for Federal Fiscal Year (FFY) 2015. Information in your plan was based on estimated amount for FY 2015 funding. The actual amount to be made available for FY 2015 will be determined by formula calculation, which will be conducted by HUD. You will be notified in separate correspondence of the final formula amount and the procedures necessary to finalize the funds obligation process for this grant. Until the obligation process for these funds is finalized, they will not be available for drawdown.

If you have any questions regarding your PHA Plan or the information in this letter, please contact Ms. Kenritia Coats-Murphy at (336) 547-4000 ext. 2088 (voice) or 547-4128 (TTY).

Sincerely,

A handwritten signature in black ink, reading "Raquel K. Hardin", is positioned above the typed name.

Raquel K. Hardin
Division Director
Office of Public Housing