

Determination of Certification Public Housing Authorities

General Information

PHA Name: _____ PHA Code: _____

Executive Director Name and Phone # _____

Email Address of Executive Director : _____

PHA Fiscal Year Beginning (MM/YYYY) : _____

PHA Type: Small High Performing Standard HCV Section 8

Inventory: # of PH Units _____ Number of HVC Units _____

Type of Plan for Review:

Annual Plan Only Five Year and Annual Plan 5 Year Plan Only

Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

1) **Does your agency have an affiliate non-profit organization:** Yes No (If yes answer a-c)

a) Name of Affiliate Non-Profit _____

b) Year Started : _____

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

SEMAP

1) **What is your agency current SEMAP score?** _____

(Please attach documentation of that SEMAP score)

2) **What is your current wait list for HCV vouchers?** _____

3) **How is priority determined of those that receive HCV vouchers?**

CAPITAL FUNDS

1) **Total amount of Capital Funds received annually?** _____

2) **What amount of capital funds is used to address substandard housing?** _____

3) **What type of activities are taking place from the capital fund program to address substandard public housing?**

4) What is the amount of funding from capital funds used to promote non-housing needs for low to moderate income persons, please explain? (Use current fiscal year numbers)

5) What amount of capital funds are used to specifically address homeless? Please provide amount and specifically address activities. If none, write N/A.

6) What amount of capital funds are used to specifically address persons who qualify for HOPWA funds? Please provide amount and specifically address activities. If none, write N/A.

7) What amount of capital funds are used to specifically address elderly persons? Please provide amount and specifically address activities. If none, write N/A.

FAIR HOUSING

1) How does your agency promote fair housing and ensure fair housing law is implemented?

2) In the past fiscal year, how many fair housing complaints have been issued to the PHA? Describe the type of fair housing complaint received.

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

Required attachments

Please attach the following

1. 3 copies of the plan to be reviewed
2. SEMAP documentation

Certification

I _____ (Executive Director) certify that information reported in this form is accurate and true for _____ (agency name) on _____ (mm/yyyy)

Executive Director

Date

Please mail the form back to:

North Carolina Department of Commerce Rural Economic Development Division
 Attn: Angela Williams, Compliance Specialist
 301 North Wilmington Street
 4346 Mail Service Center
 Raleigh, NC 27699-4346
 919-814-4679