

<b>Streamlined Annual PHA Plan (Small PHAs)</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires: 09/30/2027</b>
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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. They also inform 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-, very low-, and extremely low-income families.

**Applicability.** The 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. Note: PHAs with zero public housing units must continue to comply with the PHA Plan requirements until they closeout their Section 9 programs (ACC termination).

**Definitions.**

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers (HCVs) and was designated as a high performer on both the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, SEMAP for PHAs that only administer tenant-based assistance and/or project-based assistance, or PHAS if only administering public housing.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, and that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceed 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 exceed 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 HCVs combined and is not PHAS or SEMAP troubled.

<b>A.</b>	<b>PHA Information.</b>	
<b>A.1</b>	<b>PHA Name:</b> <u>North Wilkesboro Housing Authority</u>	<b>PHA Code:</b> <u>NC69000001</u>
	<b>PHA Plan for Fiscal Year Beginning:</b> (MM/YYYY): <u>07/01/2026</u>	<b>PHA Inventory</b> (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) <b>Number of Public Housing (PH) Units</b> <u>192</u> <b>Number of Housing Choice Vouchers (HCVs)</b> <u>192</u>
	<b>PHA Plan Submission Type:</b> <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission	
	<p><b>Public Availability of Information.</b> 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 and should make documents available electronically for public inspection upon request. PHAs are strongly encouraged to post complete PHA Plans on their official websites and to provide each resident council with a copy of their PHA Plans.</p> <p><b>A 45-day Public Comment Period for the draft 2026 Annual Plan will commence on February 11, 2026 and end on March 31, 2026. A Public Hearing will be held February 13, 2026 at 11:00 a.m. for both developments at the Skyview Investment Center located at 1405 1/2 Third Street. The final draft will be presented to the Board of Commissioners for approval on March 31 at 12:00 p.m.</b></p> <p>Copies of the 2026 Annual Plan are available at the NWHA central office from 8:30 a.m. until 5:00 p.m. Monday through Friday.</p>	

<input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a Joint PHA Plan and complete table below)																												
Lead PHA:   	<b>Participating PHAs</b>   	<b>PHA Code</b>   	<b>Program(s) in the Consortia</b>   	<b>Program(s) not in the Consortia</b>   	<b>No. of Units in Each Program</b>																							
					<b>PH</b>	<b>HCV</b>																						
<b>B. Plan Elements Submitted with 5-Year PHA Plans.</b> Required elements for Small 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 Small PHA is not submitting its 5-Year Plan. See sub-section below for required elements in all other years (Years 1-4).																												
<b>B.1 Revision of Existing PHA Plan Elements.</b> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last <u>5-Year PHA Plan</u> submission?</p> <table> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Statement of Housing Needs and Strategy for Addressing Housing Needs.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Financial Resources.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Rent Determination.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Homeownership Programs.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Substantial Deviation.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Significant Amendment/Modification.</td> </tr> </table> <p>(b) If the PHA answered yes for any element, describe the revisions for each element(s):  <b>Revised Flat Rents effective January 1, 2026. Revised the ACOP to reflect current HOTMA changes effective July 1, 2025.</b> </p>						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 checked="" type="checkbox"/>	<input type="checkbox"/>	Substantial Deviation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Significant Amendment/Modification.
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	<p>(c) The PHA must submit its Deconcentration Policy for Field Office Review.</p> <p>The PHA Deconcentration Policy is as follows: If subject to deconcentration requirements, the PHA will consider its deconcentration goals when transfer units are offered. When feasible, families above the Established Income Range will be offered a unit in a development that is below the Established Income Range, and vice versa, to Achieve the PHA's Deconcentration goals. A deconcentration offer will be considered a "bonus" offer; that is, if a resident refuses a deconcentration offer, the resident will receive one additional transfer offer.</p>																													
<b>B.2</b>	<p><b>New Activities.</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's applicable Fiscal Year?</p> <table> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Choice Neighborhoods Grants.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Modernization or Development.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Demolition and/or Disposition.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Conversion of Public Housing to Tenant Based Assistance.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Conversion of Public Housing to Project-Based Rental Assistance or Project-Based Vouchers under RAD.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Homeownership Program under Section 32, 9 or 8(Y)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Project Based Vouchers.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Units with Approved Vacancies for Modernization.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</td> </tr> </table> <p>(b) If any of these activities are planned for the applicable 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.</p> <p><b>Units with approved vacancies for Modernization:</b> Periodically we have units with approved vacancies when repairs need to be done (floors replaced) before the unit can be rented again. This is an approved Capital Fund Line Item.</p>	Y	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choice Neighborhoods Grants.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 Rental Assistance or Project-Based Vouchers under RAD.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeownership Program under Section 32, 9 or 8(Y)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Project Based Vouchers.	<input checked="" type="checkbox"/>	<input 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).
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B.3	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan. The mission of the NWHA is the same as the Department of Housing and Urban Development: To create strong, sustainable, inclusive communities and quality affordable homes for all and manage resources efficiently. The PHA's vision is to promote personal, economic, and social upward mobility to provide families the opportunity to make the transition from subsidized to non-subsidized housing. The NWHA has addressed and is meeting the overall goals in the Five-Year Plan (2025-2029). It is the intent of the NWHA to implement the goals and objectives in the Five-Year Plan as all strategies are consistent with the plan and are a continuation of efforts and resources.</p> <p>1. Commitment to Affordable Housing</p> <p>A. We have continued to revitalize NWHA's housing assets by converting tubs to walk-in showers in all the one-bedroom units. This conversion should help the elderly and handicapped tenants be more self-sufficient and be able to remain in place.</p> <p>B. We continue to work with community partners to provide on-site workshops, training classes, and opportunities for our youth.</p> <p>2. Promote self-sufficiency and asset development of assisted families.</p> <p>A. We have continued to work with our families to increase the number of employed families. We provide transportation and help with resumes for Job Fairs.</p> <p>B. We use the supportive services of the Senior Center, the Health Foundation, and Home Instead for our seniors. In addition, our Tenant Service Coordinators provide our seniors with trips to the Food Banks, pharmacy and doctor appointments.</p> <p>C. We have an FSS Coordinator and a ROSS Coordinator who work with our NWHA residents to help them obtain employment, child care, and other needs.</p> <p>D. Our Tenant Service Coordinators have volunteers who come in the afternoon after school to tutor students who have fallen behind in their studies.</p>
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B.4	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan in EPIC and the date that it was approved.</p> <p>See Capital Fund 5 Year Action Plan in EPIC approved by HUD on May 20, 2025.</p>
B.5	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y    N  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>
	<p><b>Plan Elements Submitted All Other Years (Years 1-4).</b> Required elements for all other fiscal years. This section does not need to be completed in years when a Small PHA is submitting its 5-Year PHA Plan.</p>
B.1	<p><b>New Activities</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's applicable Fiscal Year?</p> <p>Y    N  <input type="checkbox"/> <input checked="" type="checkbox"/> Choice Neighborhoods Grants.  <input type="checkbox"/> <input checked="" type="checkbox"/> 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"/> Homeownership Program under Section 32, 9 or 8(Y)  <input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.  <input checked="" type="checkbox"/> <input 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).</p> <p>(b) If any of these activities are planned for the applicable 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><b>Units with Approved Vacancies for Modernization:</b> periodically we will have units with approved vacancies when repairs need to be done (floors replaced) before the unit can be rented again. This is an approved Capital Fund Line Item.</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.

(d) The PHA must submit its Deconcentration Policy for Field Office Review.

**See B.1 (c)**

B.2	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan in EPIC and the date that it was approved.</p> <p>See Capital Fund 5 Year Action Plan in EPIC approved on May 20, 2025.</p>
C	<p><b>Other Document or Certification Requirements for Annual Plan Submissions.</b> Required in all submission years.</p>
C.1	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) have comments to the PHA Plan?</p> <p>Y    N  <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) 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>
C.2	<p><b>Certification by State or Local Officials.</b></p> <p>Form HUD 50077-SL, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
C.3	<p><b>Civil Rights Certification/ Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.</b></p> <p>Form HUD-50077-CRT-SM, <i>PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>

C.4

**Challenged Elements.** If any element of the PHA Plan is challenged, a PHA must include such information as an attachment with a description of any challenges to Plan elements, the source of the challenge, and the PHA's response to the public.

(a) Did the public challenge any elements of the Plan?

Y    N

(b) If yes, include Challenged Elements.

**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: 09/30/2027

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

I, Eddie Holland, the Town Manager  
*Official's Name* *Official's Title*

certify that the 5-Year PHA Plan for fiscal years 2025-2029 and/or Annual PHA Plan for fiscal year 2026 of the North Wilkesboro Housing Authority *PHA Name* is consistent with the

Consolidated Plan or State Consolidated Plan including any applicable fair housing goals or strategies to:

Town of North Wilkesboro  
*Local Jurisdiction Name*

pursuant to 24 CFR Part 91 and 24 CFR Part 903.15.

Provide a description of how the PHA Plan's contents are consistent with the Consolidated Plan or State Consolidated Plan.

The Comprehensive Plan of the Town of North Wilkesboro is a 25-Year Directive, adopted December 5, 2006 and amended June 5, 2018. Specific elements of the Plan address the city's intent for promoting affordable housing options. The Plan specifies that the city will continue to maintain cooperation with NWHA as it pertains to homeownership opportunities. The NWHA recognizes that regardless of tenant income, or household size, the most common problem affecting all households is cost burden.

I/Wo, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Name of Authorized Official:	Title:
<u>Eddie Holland</u>	<u>Town Manager</u>
Signature:	Date:

*This information is collected to ensure consistency with the consolidated plan or state consolidated plan.*

Public reporting burden for this information collection is estimated to average 0.16 hours per year 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0226. 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 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.

**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. 2577-0157

"Public reporting burden for this collection of information is estimated to average 2.2 hours including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information requested is required to obtain a benefit. This form is used to verify allowable and reasonableness of grant expenses. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157.

PHA Name <b>North Wilkesboro Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP.	<b>NC-19P069501-26</b> )			FFY of Grant: FFY of Grant Approval: <b>2026</b>
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <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	Original	Revised <sup>2</sup>	Total Estimated Cost	Total Actual Cost <sup>1</sup> Expended
1	Total Non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 15) <sup>1</sup>	46000.00			
3	1408 Management Improvements	15000.00			
4	1410 Administration (may not exceed 10% of line 15)	30000.00			
5	1480 General Capital Activity	638848.00			
6	1492 Moving to Work Demonstration				
7	1501 Collateralization Expense / Debt Service Paid by PHA				
8	1503 RAD-CFP				
9	1504 RAD Investment Activity				
10	1505 RAD-CPT				
11	9000 Debt Reserves				
12	9001 Bond Debt Obligation paid Via System of Direct Payment				
13	9002 Loan Debt Obligation paid Via System of Direct Payment				
14	9900 Post Audit Adjustment				

To be completed for the Performance and Evaluation Report.

3.2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

10 be completed for the Performance and Evaluation Report of a Revised Annual Statement.

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. 2577-0157  
 Expires 1/31/2027

Part I: Summary		FFY of Grant: FFY of Grant Approval: <b>2026</b>		
PHA Name: <b>North Wilkesboro Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Original	Revised <sup>2</sup>
Line	Summary by Development Account	Total Estimated Cost	Original	Revised <sup>2</sup>
15	Amount of Annual Grant:: (sum of lines 2 - 14)	729848.00		
16	Amount of line 15 Related to LBP Activities			
17	Amount of line 15 Related Sect. 504, ADA, and Fair Housing Act Activities.			
18	Amount of line 15 Related to Security - Soft Costs			
19	Amount of line 15 Related to Security - Hard Costs			
20	Amount of line 15 Related to Energy Conservation Measures			
Signature of Executive Director *		Date	Signature of Public Housing Director	
		Date		

\* I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. § 287, 1001, 1010, 1012, 1014, 31 U.S.C. §3729, 5802)

<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.

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. 2577-0157  
Expires 1/31/2027

<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.