

<b>Annual PHA Plan</b> <i>(Standard PHAs and Troubled PHAs)</i>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires: 9/30/2027</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-ST is to be completed annually by **STANDARD PHAs or TROUBLED PHAs**. PHAs that meet the definition of a High Performer PHA, Small 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, 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.

A.	PHA Information.
A.1	<p><b>PHA Name:</b> _____ <b>PHA Code:</b> _____</p> <p><b>PHA Type:</b> <input type="checkbox"/> Standard PHA <input type="checkbox"/> Troubled PHA</p> <p><b>PHA Plan for Fiscal Year Beginning:</b> (MM/YYYY): _____</p> <p><b>PHA Inventory</b> (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)</p> <p><b>Number of Public Housing (PH) Units</b> _____ <b>Number of Housing Choice Vouchers (HCVs)</b> _____</p> <p><b>Total Combined Units/Vouchers</b> _____</p> <p><b>PHA Plan Submission Type:</b> <input type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <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. 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>



(c) The PHA must submit its Deconcentration Policy for Field Office review.

EXHIBIT A  
DECONCENTRATION  
PUBLIC HOUSING

AMP-Community Name	Avg Family Income	Covered Developments Combined Avg Family Income	Avg Family Members		Income Range 85% 115%		30% Income Limit (EVLI)	Very Low Income Limit
1-Prospect	NA		NA					
2-Oakhurst	\$11784	AMP 2/3 \$11109	1.74	AMP 2/3 2.15			\$21150	
3-Oakhurst Ext	\$10433		2.56				\$26650	
41-Solomon	\$11023		2.61				\$26650	
42-Coopersdale	\$9608		2.97				\$26650	
TOTAL		\$10580	2.58		8993	12167		
All covered developments are within the established income range. HUD Required Upper Limit Minimum 2 <u>5500</u> 30% of Median Income								
		Exempt Developments						
5-Vine St Tower	\$13212	(elderly)	1.08				\$17750	
6-Nanty Glo	\$13930	(small-56 units)	2.40				\$21150	
6-Portage	\$18635	(small-48 units)	2.02				\$21150	
8-Connor Tower	\$14337	(elderly)	1.07				\$17750	
9-Townhouse Tower	\$15099	(elderly)	1.06				\$17750	
9-Loughner Plaza	\$15256	(elderly)	1.02				\$17750	

**B.2 New Activities.**

(a) Does the PHA intend to undertake any new activities related to the following in the PHA's applicable Fiscal Year?

Y N

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Choice Neighborhoods Grants.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Modernization or Development.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Demolition and/or Disposition.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Designated Housing for Elderly and/or Disabled Families.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Conversion of Public Housing to Tenant-Based Assistance.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Conversion of Public Housing to Project-Based Rental Assistance or Project-Based Vouchers under RAD.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Homeownership Program under Section 32, 9 or 8(Y)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupancy by Over-Income Families.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupancy by Police Officers.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-Smoking Policies.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Project-Based Vouchers.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Units with Approved Vacancies for Modernization.   |
| <input type="checkbox"/> | <input 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 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.

**B.3**

**Progress Report.**

Provide a description of the PHA’s progress in meeting its Mission and Goals described in the PHA 5-Year and Annual Plan.

<b>B.4</b>	<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.
<b>B.5</b>	<b>Most Recent Fiscal Year Audit.</b>  (a) Were there any findings in the most recent FY Audit?  Y   N <input type="checkbox"/> <input type="checkbox"/>  (b) If yes, please describe:
<b>C.</b>	<b>Other Document and/or Certification Requirements.</b>
<b>C.1</b>	<b>Resident Advisory Board (RAB) Comments.</b>  (a) Did the RAB(s) have comments to the PHA Plan?  Y   N <input type="checkbox"/> <input type="checkbox"/>  (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.

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-ST-HCV-HP, <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	<p><b>Challenged Elements.</b> 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.</p> <p>(a) Did the public challenge any elements of the Plan?</p> <p>Y      N</p> <p><input type="checkbox"/>   <input type="checkbox"/></p> <p>(b) If yes, include Challenged Elements.</p>

**C.5**

**Troubled PHA.**

(a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place?

Y   N   N/A

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(b) If yes, please describe:

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

“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	Grant Type and Number ) Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:
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Type of Grant

- ☐ Original Annual Statement   
 ☐ Reserve for Disasters/Emergencies   
 ☐ Revised Annual Statement (revision no:
- ☐ Performance and Evaluation Report for Period Ending:   
 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 15) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 15)				
5	1480 General Capital Activity				
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				

<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

<b>Part I: Summary</b>					
PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
15	Amount of Annual Grant:: (sum of lines 2 - 14)				
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.

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<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  
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U.S. Department of Housing and Urban Development  
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<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  
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Expires 1/31/2027

[illegible]

<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.

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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<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.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0157  
Expires 3/31/2020

Part I: Summary						
PHA Name/Number		Locality (City/County & State)		Original 5-Year Plan		Revision No:
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY 2026	FFY 2027	FFY 2028	FFY 2029	FFY 2030
B.	Physical Improvements Subtotal	See Annual Statement	\$ 3,773,514	\$ 3,773,514	\$ 3,773,514	\$ 3,773,514
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$ 380,000	\$ 380,000	\$ 380,000	\$ 380,000
F.	Other		\$ 140,000	\$ 140,000	\$ 140,000	\$ 140,000
G.	Operations		\$ 380,000	\$ 380,000	\$ 380,000	\$ 380,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		\$ 4,673,514	\$ 4,673,514	\$ 4,673,514	\$ 4,673,514

**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**  
**OMB No. 2577-0226**  
**Expires 3/31/2020**

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**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2026	Work Statement for Year 2			Work Statement for Year 3		
	FFY 2027			FFY 2028		
	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	PA1090001 Prospect			PA0190002 [Administrative Bldg]		
Annual	Maintenance Shop Renovations		\$ 125,000	HVAC		\$ 250,000
Statement	Maintenance Shop Bathroom		\$ 25,000			
				PA0190041 Solomon		
	PA0190003 Oakhurst Extension			Apartment Entrance Doors		\$ 500,000
	Boiler Replacement		\$ 325,000			
	Basement Entry Doors		\$ 275,000	PA0190005 Vine St Tower		
	Porch Columns		\$ 275,000	Paint Hallways & Stairwells		\$ 248,514
	Window Replacement		\$ 1,250,000	BAS		\$ 275,000
	PA0190041 Solomon			PA0190006 Nanty Glo / Portage		
	Window Replacement		\$ 375,000	Bathroom Renovations (Both)		\$ 525,000
	Gutters / Downspouts		\$ 160,000			
				PA0190008 Connor Tower		
	PA0190042 Coopersdale			Hallway Lighting		\$ 400,000
	Gutters / Downspouts		\$ 75,000	BAS		\$ 275,000
				PA0190009 Town House/Loughner		
	PA0190006 Nanty Glo /Portage			Bathroom Renovations (Both)		\$ 650,000
	Flooring (Portage)		\$ 888,514	Interior Doors (Both)		\$ 250,000
				BAS (Both)		\$ 400,000
Subtotal of Estimated Cost			\$ 3,773,514	Subtotal of Estimated Cost \$ 3,773,514		

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY ____2026____	Work Statement for Year 4			Work Statement for Year: 5		
	FFY 2029			FFY 2030		
	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	PA0190002 Oakhurst					
Annual	Sidewalks		\$ 348,514			
Statement	PA0190041 Solomon					
	Boiler Room Damper Replacement		\$ 70,000			
	Stairwell Door Replacement		\$ 190,000			
	PA0190042 Coopersdale					
	Boiler Room Damper Replacement		\$ 30,000			
	Stairwell Door Replacement		\$ 210,000			
	PA0190005 Vine St Tower Boiler Refurbishment		\$ 750,000			
	Closet Door and Track Replac.		\$ 300,000			
	PA0190006 Nanty Glo / Portage					
	Electrical Panels & Breakers Replacement (Portage)		\$ 100,000			
	Tree Removal/Reshaping (Portage)		\$ 50,000			
	Street Light Replacement (Both)		\$ 150,000			
	PA0190008 Connor Tower					
	Elevator Replacement		\$ 1,000,000			
	PA0190009 Town House / Loughner					
	Rooftop Air Unit Replacement (Town House)		\$ 200,000			
	Unit Entry Door Replacement (Loughner)		\$ 175,000			
	Roof Replacement (Loughner)		\$ 200,000			
Subtotal of Estimated Cost			\$ 3,773,514	Subtotal of Estimated Cost		\$ 3,773,514

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