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| B. | Annual Plan Elements |
| B.1 | <p>Revision of PHA Plan Elements.</p> <p>(a) Have the following PHA Plan elements been revised by the PHA?</p> <p>Y N</p> <p><input type="checkbox"/> x <input type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs</p> <p><input type="checkbox"/> x <input type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Financial Resources.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Operation and Management.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Grievance Procedures.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Community Service and Self-Sufficiency Programs.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Safety and Crime Prevention.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Pet Policy.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Asset Management.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Substantial Deviation.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Significant Amendment/Modification</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each revised element(s):</p> <p>(c) The PHA must submit its Deconcentration Policy for Field Office review.</p> |
| B.2 | <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"/> x <input type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Mixed Finance Modernization or Development.</p> <p>x <input type="checkbox"/> <input type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Designated Housing for Elderly and/or Disabled Families.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Occupancy by Over-Income Families.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Occupancy by Police Officers.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Non-Smoking Policies.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Project-Based Vouchers.</p> <p><input type="checkbox"/> x <input type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input type="checkbox"/> x <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. 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>The SHA has been approved for demolition of Westside Court and issuance of vouchers. The SHA is evaluating funding sources for relocation.</p> |
| B.3 | <p>Civil Rights Certification.</p> <p>Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> <p>See Attached</p> |
| B.4 | <p>Most Recent Fiscal Year Audit.</p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N</p> <p><input type="checkbox"/> x <input type="checkbox"/></p> <p>(b) If yes, please describe:</p> |

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| B.5 | <p>Progress Report.</p> <p>Provide a description of the PHA’s progress in meeting its Mission and Goals described in the PHA 5-Year and Annual Plan.</p> <ol style="list-style-type: none"> 1. Install new roofs on Riverview East and Riverview West. 2. Replace the entry doors at River View West, River View East and Jaycee Plaza. 3. Maintained the financial and operational viability of the Holly City Family Center which serves as a Fitness and Community Center in Center City Millville. 4. Updated the fire panel at Riverview East. 5. Maintained alternative income streams through Shared Services Agreements with the Wildwood and Salem Housing Authorities. 6. Maintained the safety and wellbeing of tenants through strict lease enforcement. |
| B.6 | <p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y N <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(c) 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> <p>We discussed our five-year plan in detail with the RAB members. Comments were received verbally in light of Covid19 transmission concerns. They all agreed with the stated course of action. No one expressed a need to make any changes.</p> |
| B.7 | <p>Certification by State or Local Officials.</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> |
| B.8 | <p>Troubled PHA.</p> <p>(a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place? Y N N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p> |
| C. | <p>Statement of Capital Improvements. Required for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).</p> |
| C.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>Last approval was on 2016.</p> |

