**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-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 <u>do not</u> 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 <u>both</u> of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, or PHAS if only administering public housing.
- (2) *Small PHA* A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, 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.

| А.  | PHA Information.  |  |                             |           |                |     |  |  |
|-----|---|--|-----------------------------|-----------|----------------|-----|--|--|
| A.1 | PHA Plan for Fiscal Year B<br>PHA Inventory (Based on An<br>Number of Public Housing (<br>Units/Vouchers 682<br>PHA Plan Submission Type<br>Availability of Information.<br>the specific location(s) where<br>Plan are available for inspecti<br>(AMP) and main office or cern<br>are also encouraged to provide  | PHA Type:       Standard PHA       Troubled PHA         PHA Plan for Fiscal Year Beginning:       (MM/YYYY):       10/2020         PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)       Total Combined         Number of Public Housing (PH) Units       491       Number of Housing Choice Vouchers (HCVs)       191 |                             |           |                |     |  |  |
|     | PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below) N/A         Physical descent for the state of t |  |                             |           | n Each Program |     |  |  |
|     | Participating PHAs  | PHA Code   | Program(s) in the Consortia | Consortia | РН             | HCV |  |  |
|     | Lead PHA:   |  |                             |           |                |     |  |  |
|     | N/A   |  |                             |           |                |     |  |  |

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

| B.5         | 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.  |  |  |  |  |
|             | <ol> <li>Install new roofs on Riverview East and Riverview West.</li> <li>Replace the entry doors at River View West, River View East and Jaycee Plaza.</li> <li>Maintained the financial and operational viability of the Holly City Family Center which serves as a Fitness and Community Center in Center City Millville.</li> </ol>  |  |  |  |  |
|             | <ol> <li>Updated the fire panel at Riverview East.</li> <li>Maintained alternative income streams through Shared Services Agreements with the Wildwood and Salem</li> </ol>  |  |  |  |  |
|             | Housing Authorities.   |  |  |  |  |
|             | 6. Maintained the safety and wellbeing of tenants through strict lease enforcement.  |  |  |  |  |
| <b>B.6</b>  | Resident Advisory Board (RAB) Comments.  |  |  |  |  |
|             | (a) Did the RAB(s) provide comments to the PHA Plan?   |  |  |  |  |
|             | Y N<br>III IIII  |  |  |  |  |
|             | (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<br>analysis of the RAB recommendations and the decisions made on these recommendations.  |  |  |  |  |
|             | 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.  |  |  |  |  |
| <b>B.</b> 7 | Certification by State or Local Officials.   |  |  |  |  |
|             | Form HUD 50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan, must be submitted by the PHA as an electronic attachment to the PHA Plan.  |  |  |  |  |
| B.8         | Troubled PHA.         (a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place?         Y       N N/A         Image: Ima |  |  |  |  |
|             | (b) If yes, please describe:   |  |  |  |  |
| C.          | <b>Statement of Capital Improvements</b> . Required for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).  |  |  |  |  |
| C.1         | 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.  |  |  |  |  |
|             | Last approval was on 2016.   |  |  |  |  |
| L           |  |  |  |  |  |